Accredited Surety and Casualty Company, Inc. P.O. Box 140855 Orlando, FL 32814-0855

AGENT INFORMATION:	PLAIN TALK CONTRACT
	CONTRACT DATE:
	BOND NUMBER:
	BOND AMOUNT:
	PREMIUM PAID:
I, understand that in signing this bond for	or obtaining the release of the Defendant,
annoning in Court and time ha/sha is a	that I am responsible for him/her
	o ordered; also, if he/she fails to follow any and all rfeits this bond, and it becomes necessary to apprehend
	derstand that I am responsible for any and all expenses
	d further, if such a forfeiture occurs and defendant is not prescribed by law, I understand that I am required to pay
the FULL AMOUNT of the bond poster	
I further understand that the premium ov	wed and/or paid on this bond is fully earned upon the
	The fact that the defendant may have been improperly ner case dismissed, shall not obligate the return or
forgiveness of any portion of the premit	
IMPORTANT NOTICE:	
I UNDERSTAND THAT COLLATERAL SECURING THE BAIL CANNOT BE RELEASED	
	HE DEFENDANT HAVE BEEN EXONERATED.  APPROXIMATELY <b>30 DAYS</b> FROM THE DATE THE
BOND(S) IS EXONERATED BEFORE	E COLLATERAL CAN BE RETURNED; WE MUST
RECEIVE WRITTEN NOTICE FROM	THE CLERK OF THE COURT.
I am not a paid signer. I have no connec	tion with a Bail Bond Consultant. I have read the above
contract and understand the obligations,	and agree to fulfill ALL of the provisions therein.
Defendant Signature	Defendant Name (Print)
Indemnitor Signature	Indemnitor Name (Print)
Indemnitor Signature	Indemnitor Name (Print)