

Lightning Bail LLC INDEMNITOR BAIL AGREEMENT APPLICATION

Marketing Source : _____

Defendant		Alias		RNI / Booking #			DOB			
Street Address		City		State		Zip		Home Phone	Cellular Phone	
(CHECK ONE)		Own/Buying	Rent	Living with Family		Monthly payment or rent:		How long?		
Previous Address		City		State		Zip				
(CHECK ONE)		Owned	Rented	Lived with Family		Monthly payment or rent:		How long?		
Current Employer		Position		Phone #		Address				
Bond Amount \$			Power Number							
Where Held			Charges				Court			
Case #			Date to Appear		Time		Arrested By			
SS#			ID				State of Issuing ID			
Citizen: Y N		Residence Alien #		Race		Email Address: Facebook/Twitter:				
Sex	Height	Weight	Hair	Eyes	ID Marks / Tattoos: Y N		Where		What	
Vehicle Make		Model			Year	Color	Lic # and State			
On Probation: Y N		Where		Probation Officer			Cases Pending: Y N			
Where		Prev. Bail: Y N		Where			With Whom			
Military Branch		SER #		Discharge Date		Union Member		Local		
Defendant's Attorney		Street Address		City		State		Zip		Phone

APPLICANT IDENTIFICATION TYPE (CHECK ONE)

STATE DL STATE ID PASSPORT ALIEN CARD MILITARY WELFARE ID IDENTIFICATION # _____

CHECK ONE: Unmarried Married Separated

Indemnitor Name :					Relationship to Defendant:				
Date of Birth:		SSN:			Home Phone:		Facebook/Twitter:		
					Cellular Phone:				
Current Address		City		State		Zip		Email Address:	
(CHECK ONE)		Own	Rent	Living with Family		Monthly payment or rent:		How long?	
Previous Address		City		State		Zip			
(CHECK ONE)		Own	Rent	Living with Family		Monthly payment or rent:		How long?	
Sex	Height	Weight	Hair	Eyes	ID Marks / Tattoos: Y N		Where		What
Vehicle Make		Model			Year	Color	Lic # and State		

INDEMNITOR EMPLOYMENT INFORMATION

EMPLOYMENT TYPE (CHECK ONE): W2 EMPLOYEE 1099/SELF-EMPLOYED FIXED INCOME _____

Current employer:		Phone #:	Supervisor Name and Phone #:	
Employer Address	City	State	Zip	How long?
Position:		(Check One) Hourly Salary	Annual Income:	
			Other Income:	
			Source of Other Income:	
Previous employer:		Phone #:	Supervisor Name and Phone #:	
Previous Employer Address	City	State	Zip	How long?
Position:		(Check One) Hourly Salary	Annual Income:	

INDEMNITOR'S FAMILY INFORMATION

Indemnitor's Mother's Name		Address City/State/Zip		Phone	
Indemnitor's Father's Name		Address City/State/Zip		Phone	
Indemnitor's Sibling's Name		Address City/State/Zip		Phone	
Indemnitor's Sibling's Name		Address City/State/Zip		Phone	
Indemnitor's Child's Name	Age	Address City/State/Zip		Phone	School
Indemnitor's Child's Name	Age	Address City/State/Zip		Phone	School
Indemnitor's Best Friend's Name		Address City/State/Zip		Phone	

SIGNIFICANT OTHER'S FAMILY INFORMATION

Significant Other's Name		Address City/State/Zip		Phone	
Significant Other's Employer		Address City/State/Zip		Phone	
Significant Other's Home Phone #		Significant Other's Cellular Phone #		Significant Other's Work Phone #	
Significant Other's Maiden Name		City/State Significant Other Was Born		Date Married	Where
Significant Other's Mother's Name		Address City/State/Zip		Phone	
Significant Other's Father's Name		Address City/State/Zip		Phone	
Significant Other's Siblings Name		Address City/State/Zip		Phone	
Significant Other's Siblings Name		Address City/State/Zip		Phone	

BANKING AND CREDIT INFORMATION How would you rate your credit? **Excellent** **Good** **Fair** **Poor**

BANK: _____ City _____ Checking/Savings Balance _____

CREDIT CARDS, OTHER LOANS

Name:	Account No.:	Current Balance:	Monthly payment:
Name:	Account No.:	Current Balance:	Monthly payment:
Name:	Account No.:	Current Balance:	Monthly payment:

MORTGAGE COMPANY

Name:	Address:		
Account No.:	Value:	Equity:	Amount Due:

AUTO LOANS

Name:	Account No.:	Balance:	Monthly payment:
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REFERRAL LIST

1)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	
2)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	
3)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	
4)	Name		Relationship	
	Address			
	Home #:	Work #	Cell #	

By signing this agreement, I do hereby authorize the Company, employees or designates to conduct any and all background checks, credit checks, financial and criminal history reports or investigations or any other such report, investigation, or search as they deem necessary to the issuance, maintenance, or termination of this bond or any collection efforts thereon, or in any way connected thereto, and further authorize the release of any and all records, papers, documents, evidence, or other such material, as may be requested, including any background checks, credit checks, criminal histories etc. to it employees, or designates.

Signature: _____ Date: _____