

Lightning Bail LLC
629 S. Casino Center Blvd
Las Vegas, NV 89101
702-333-BOND (2663)

RECEIPT AND STATEMENT OF CHARGES

Date: _____

Received of: _____

Address: _____

Bail Bond Premium \$ _____

Expenses, (Itemized in detail, e.g. Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual, unusual expenses):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL CHARGES \$ _____
Received on Account \$ _____
Balance \$ _____

Was collateral taken? YES NO If "YES", collateral receipt # _____

Agent Signature: _____

MEMORANDUM OF BAIL BOND FURNISHED

Defendant: _____

Bond # _____ Bond Amount \$ _____

SSN: _____ Date of Birth: _____

Charge: _____

Date to Appear: _____ Time _____ AM or PM

Case # _____

Court: _____ City: _____

Received copy of above receipt and Memo:

Defendant / Indemnitor / Depositor Signature: _____

THANK YOU!