

Date _____
Power# _____
Bond Amount _____
Agent _____



**4085 Chain Bridge Rd Suit 100
Fairfax , Virginia 22030 Office:
703-672-3623
Fax: 571-421-1155
Web: www.breakout24.com
Email: info@breakout24.com**

APPLICATION FOR BAIL BOND AND INDEMNITY AGREEMENT

Defendant's Booking Name _____ Nick Name/ Alias _____
Street Address _____ Apt. _____ City _____ State _____ Zip _____ How Long _____
Home Phone _____ Cell Phone _____ D.O.B. _____ Sex _____ Race _____
Height _____ Weight _____ Hair _____ Eyes _____ Glasses _____ Moustache _____
I.D. Marks _____ Place of Birth _____ Soc. # _____ D.L.# _____
Former Address _____ Apt. _____ City _____ State _____ Zip _____ How Long _____
Employer _____ Address _____ Phone _____
Occupation _____ Monthly Income _____ Supervisor _____ How Long _____
School/College _____ address _____ How long attended _____
Vehicle Make _____ Model _____ Year _____ Color _____ Tag # _____
Bank Name _____ Account Type _____ Checking or _____ Savings Account Number _____
Facebook Name _____ Instagram _____ other Social Media _____
Probation/ Parole ? _____ Where _____ Probation/Parole Officer _____ Phone _____

Spouse _____ D.O.B. _____ Soc. # _____
Address _____ City _____ State _____ Zip _____
Phone _____ Cell Phone _____ E-Mail _____
Employer _____ Address _____ Phone _____
Children Names & Ages _____, _____, _____

References:

Name	Address	Phone No.	Cell Phone	Relationship
1. _____	_____	_____	_____	Father
2. _____	_____	_____	_____	Mother
3. _____	_____	_____	_____	Sis/Broth
4. _____	_____	_____	_____	Friend
5. _____	_____	_____	_____	Friend

Indemnitor/Co-Signer Name: _____ Home Phone _____ Cell Phone _____
Address _____ City _____ State _____ Zip Code _____
Social Security # _____ D.L. # _____ D.O.B _____ Relation _____
Occupation _____ Employer _____ How Long _____
Address _____ Phone No. _____
Vehicle Make _____ Model _____ Year _____ Color _____ Tag # _____
Bank Name _____ Account Type _____ Checking or _____ Savings Account Number _____
Spouse _____ Cell Phone _____ Work Phone _____
Spouse's Occupation _____ Spouse's Employer _____ How Long _____

References:

Name	Address	Phone No.	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I/WE HAVE READ THE FOREGOING AND FULLY UNDERSTAND THIS AGREEMENT.

I/We certify that the above information is true and correct. I/We also understand and acknowledge that by signing below, I/We am/are agreeing to indemnify and hold the Insurance Company, Break Out Bail Bonds Inc. and it's Agent harmless from any and all cost and expenses that may be incurred by the Insurance Company, Break Out Bail Bonds Inc. and it's Agent in the event that the said defendant fails to appear for any and all court dates. Also I/We further understand that this is an application for a type of credit and authorize a review of my credit history (via) credit reporting agency checks.

IMPORTANT FRAUD WARNING:

Virginia Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Residents: Any Person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

_____ Date _____
Defendant's/ Indemnitor's Signature

_____ Date _____
Indemnitor's Signature