

# Unpaid Premium Agreement

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Defendant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bond Amount: \_\_\_\_\_ Jail: \_\_\_\_\_

Premium Collected: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Bondsman: \_\_\_\_\_

The undersigned promises to pay the balance of \$ \_\_\_\_\_ in \_\_\_\_\_ installments of \$ \_\_\_\_\_

Each, with the first installment due as follows: \_\_\_\_\_

\_\_\_\_\_

I (we) have obtained a bail bond for the above defendant and I (we) promise to pay the balance due as prescribed above. I (we) understand that if my payments are not received at the address stated below within five (5) days of the scheduled due date, I (we) will be charged a ten (10%) late charge based on the scheduled payment amount. Should my account become over thirty (30) days past due, a demand for full payment may be made at that time. Any and all legal fees and collection fees associated to my account will be my (our) responsibility.

**All payments should be made out to CJ Bail Bonds with the Defendants name in the memo or remarks section. DO NOT SEND CASH THROUGH THE MAIL.**

**Mail to:**

CJ BAIL BONDS LLC  
240 N. Battlefield Blvd.  
Chesapeake, Virginia 23320  
Cell: 757-510-1389 / Office: 757-330-1423 / Fax: 844-572-1057

**I (WE) HAVE READ AND AGREE WITH THE ABOVE DECLARATION**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Inv # \_\_\_\_\_