

**ASAP BAIL BONDS
RULES & REGULATIONS**

You are required to adhere to and comply with all roles and conditions set forth in this agreement conceding the bail bond(s) to which ASAP Bail Bonds has posted Surety on your behalf regarding the charges of _____ on bond(s) dated _____ day of _____ 2016.

***** Defendants **MUST** check into our office (104 Main St. Houston, TX 77002) *****
within **24 Hours** of his/her Jail Release

1. YOU MUST CONTACT ASAP BAIL BONDS AT 713-225-2727 EVERY MONDAY BETWEEN THE HOURS OF 9:00 A-M AND 6:00 PM. TO CHECK-IN. ALL BONDS EXCEEDING \$7500 WILL BE REQUIRED TO APPEAR IN PERSON TO OFFICE LOCATED AT 104 MAIN ST. HOUSTON TX
2. During the term of the bond (\$) you may not leave the county of your residence, the State of Texas, or the United States without prior express permission of A.S.A.P. Bail Bonds.
3. You must notify A.S.A.P. Bail Bonds within 4 hours of any changes of your employment, home address, or phone numbers during the term of the bond(s).
4. Starting on _____, 2016. You must pay _____ every _____, to A.S.A.P. Bail Bonds until your account is paid in full. Total fee _____
5. THERE WILL BE A \$25.00 LATE FEE ASSESSED IF YOUR PAYMENT GOES 10 DAYS PAST DUE AND \$5.00 PER DAY THEREAFTER.
6. ALL ACCOUNTS MUST BE PAID IN FULL BEFORE THE DISPOSAL OF YOUR CASE,
7. A representative of A.S.A.P. Bail Bonds may, at anytime contact you by phone or in person, at home or your place of employment during the term of the bond (s).
8. Failing to comply with the above regulations, providing false information, or being arrested, or placed under arrest during the terms of the bond (s) are grounds for A.S.A.P. Bail Bonds to request to be released from the bond(s) and warrant(s) being issued for your arrest. A.S.A.P, Bail Bonds shall not return any collateral/security if the bond (&) are released under these circumstances.
9. Bond jumping is a criminal offense. You may be charged with Bond jumping if you fail to appear in court as required during the term of the bond(s). A.S.A.P. Bail Bonds will not return any collateral/security if you fail to appear in court as required.
10. I understand the requirements set forth above and I, _____, hereby authorize A.S.A.P. Bail Bonds or its representatives to contact, investigate, and/or obtain information from my employer (s), credit references, medical facilities, and/or Credit Bureaus for a period of 2 years from the date of this document to insure my appearance in court.

Principal _____

SSN _____

Agent, A.S.A.P. Bail Bonds _____

Date _____

Indemnitor _____

SSN _____

Agent, A.S.A.P. Bail Bonds _____

Date _____