INDEMNITY AGREEMENT

I understand that upon sighing this agreement for the release of defendant I am responsible for his/her presence in court every time it is ordered and I also understand that I am responsible that I am responsible to pay whatever applicable court costs are incurred should he/she fail to abide by any order given by the court or should it be necessary to turn him/her over to the courts as directed by law.

I understand that I am responsible for any expenses incurred should the defendant fail to appear in court or if the defendant is not apprehended within the time limited by the court. Therefore, I understand that I shall have to make arrangements to pay my part of the total amount of the court costs, re-arrest fees, attorney's fees and all other costs incurred. In the event that I wish to withdraw my application and remove myself as cosigner, I understand that there may be a fee that must be paid in advance before withdrawing my signature. The application fee is non-negotiable or refundable.

Co-Signer Information

Name:	Social Security #:
	Date of Birth://
	ID/DL #:
Home Phone: ()	Cell Phone: ()
Employment:	Work #: ()
	Phone: ()
	Phone: ()
	Phone: ()
Indemnitor's Signature	Date

I hereby authorize any persons, agency, partnership or corporation having any information concerning my character and financial reputation, to release such information to Maxx Bail Bonds and/or its agents for the purpose of guaranteeing and indemnifying a defendant for release on bond with Maxx Bail Bonds. This information will not be available for public inspection. I hereby release such person, agency, partnership, or corporation from any liability which maybe incurred in releasing information to Maxx Bail Bonds, including liability under any local, state, or federal law. I have read and understood the above Authorization to Release Information.