

## COX BAIL BONDS

**1215 Prairie St., Houston, Texas 77002**

# CONGRATULATIONS!

YOU HAVE BEEN APPROVED FOR A PAYMENT PLAN AND ARE NOW EXPECTED TO ABIDE BY A FEW SIMPLE RULES.

\_\_\_\_\_ As the Co-Signer of the Bond and Payment Plan, I am solely responsible for these payments. Failure to satisfy this agreement will result in any balances being entered into collections and having an entry made on my credit with all credit agencies.

\_\_\_\_\_ I understand that I must always make my payments on time, and failure to do so will result in an initial late fee of \$50.00, followed by a \$10.00 per day fee until the payment is made!  
( **NOTE:** These charges will be applied to MY BALANCE from the first day that it is late and each day thereof until the late payment is paid).

\_\_\_\_\_ I understand that I can make payments over the phone, but this requires a copy of the card to be on file with your office. The initial credit card payment has to be made in person and a copy of the card will be taken and submitted to our merchant services to prevent fraud. This is required any time a card is manually entered into the credit card terminal.

\_\_\_\_\_ I understand that all credit card payments are subject to a 7.5% transaction fee, NO EXCEPTIONS!

\_\_\_\_\_ I understand that all payments are to be paid between the hours of 9:00am and 7:00pm, this means I must make arrangements to have this payment made during these hours. I am aware that I can have someone else drop off the payment (but must pay using their own credit card - if applicable).

\_\_\_\_\_ I understand that FAILURE TO MAKE MY PAYMENTS and satisfy the balance owed on the bond will result in the bond being surrendered.

**WE HIGHLY SUGGEST THAT IF YOU CAN NOT MAKE THESE PAYMENTS,  
DO NOT SIGN THE PAYMENT PLAN OR THIS AGREEMENT!!!**

**Signature**

**Print Name****Date**

## Signature

**Print Name**

Date \_\_\_\_\_

**Signature**

**Print Name****Date**

**Signature**

**Print Name**

Date \_\_\_\_\_