

Co-Signer Agreement / Promissory Note

Main: 706-330-0007 | Email: bondingjackson@gmail.com

PERSONAL INFORMATION

Directions: Fill out the entire form. If you do not have an answer, please type "Unknown."

- Full Name: _____
 - Relation to Defendant: _____
 - Email Address: _____
 - Social Security Number: XXX-XX-XXXX _____
 - Date of Birth: _____ Sex: _____ Race: _____
 - Driver's License #: _____ State: _____
 - Home Phone: _____ Cell Phone: _____
 - Current Address: _____
 - Residential Status: [] Own [] Rent | Length of Residency: _____
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EMPLOYMENT & VEHICLE INFO

- Employer Name: _____
 - Work Address: _____
 - Work Phone: _____ Length of Employment: _____
 - Vehicle Year/Make/Model: _____
 - Color: _____ Tag/License Plate: _____
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FAMILY & SPOUSE INFORMATION

- Spouse Name: _____
 - Spouse Employer: _____ Spouse Cell: _____
 - Mother's Name: _____ Phone: _____
 - Father's Name: _____ Phone: _____
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REFERENCES

(Must not be a parent, spouse, or co-signer)

1. **Name:** _____ **Phone:** _____ **Relation:** _____
 2. **Name:** _____ **Phone:** _____ **Relation:** _____
 3. **Name:** _____ **Phone:** _____ **Relation:** _____
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PROMISSORY NOTE

I, as the cosigner, fully understand that if the Defendant skips bail and fails to appear for Court, I will be fully responsible for the total amount of the bond plus any other expenses incurred by Jackson County Bondsman.

On demand after date, for value received, I (Co-Signer Name) _____
promise to pay the order of Jackson County Bondsman the total sum of
\$ _____.

- **Interest:** 12% per annum from call date until fully paid.
- **Default:** In case of legal suit for collection, the maker agrees to pay reasonable attorney's fees.
- **Void Clause:** This note shall become Null and Void if the Defendant appears in the proper court at all directed times until the surety is discharged of liability.

Date: _____

Co-Signer Signature: _____

Bail Agent Signature: _____