



LIZA DAVIS BAIL BONDS, LLC.

WWW.LIZADAVISBAILBONDS.COM

124 Washington Street Suite 203 Middletown, CT.06457

Phone 860.347.BAIL Phone 860.818.7078

PAYMENT PLAN AGREEMENT

PAYMENT TERMS

* I having obtained a surety bail bond for _____ (defendant's name) and having an unpaid balance agree to pay Liza Davis Bail Bonds within the following terms:

* Bond Amount: \$ _____ * Premium Amount: \$ _____
* Down Payment: \$ _____ (circle one) cash check credit
* Amount Owed: \$ _____ Special Arrangements _____

* **This note is due and payable as follows:** The first such payment of \$ _____ is due and payable on the _____ day of _____, 20____, and like installment payments shall be due and payable on a WEEKLY, BI-WEEKLY, or MONTHLY (circle one) basis until the total amount owed of _____ is paid in full. All payments made go directly to the amount owed; this is a zero interest payment plan.

Payments must be made within the above terms to keep this payment plan in good standing. The balance must be paid within 15 months of the bond being excuted and if payments are not made this payment plan will be put in default and will be subject to the bond being **REVOKED** and sent to Liza Davis Bail Bond's attorney for enforcement . If the defendant's case is finished or the defendant is arrested for any reason before the payment plan has been paid in full the outstanding balance is still owed.

Initial, _____

***ATTORNEY'S FEES:** If this payment plan is given to an attorney for collection or enforcement, or if a suit is brought for collection or enforcement, or it is collected or enforced through probate, bankruptcy, or other judicial proceedings then the payer(s) shall pay Liza Davis Bail Bonds all cost of collections and enforcement, including reasonable attorney fees and all court costs in addition to the amount owed. I give Liza Davis Bail bonds the right to place a lien on any asset owned.

*EXECUTED ON THIS _____ DAY OF _____, 20 _____ X _____

PAYER INFORMATION

NAME _____ EMPLOYER _____
ADDRESS _____ EMPLOYER ADDRESS _____
CITY, STATE, ZIP _____ EMPLOYER PHONE # _____
PHONE (best # for contact) _____ REFERENCE NAME _____
PHONE (2nd contact #) _____ REFERENCE ADDRESS _____
SOCIAL SECURITY # _____ REFERENCE PHONE # _____
LICENSE OR STATE ID# _____ DEFENDANT PHONE # _____

Signature _____ Date _____

PLEASE MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO LIZA DAVIS BAIL BONDS.
PAYMENTS CAN BE MADE IN PERSON OR MAILED TO OUR OFFICE LOCATED AT
124 WASHINGTON STREET, SUITE 203 MIDDLETOWN CT, 06457
PLEASE READ AND UNDERSTAND THIS CONTRACT BEFORE SIGNING THIS DOCUMENT