

# Josh Herman Bail Bonds Promissory Note

For services rendered the undersigned do hereby agree and promise to pay the sum of ( \$ \_\_\_\_\_ )  
\_\_\_\_\_ Dollars on or before  
\_\_\_\_\_ 20\_\_\_\_, pursuant to obligations set forth in the

Indemnity Agreement guaranteeing the full payment of premiums in consideration for the bail posted  
on behalf of defendant \_\_\_\_\_

Bond #'s \_\_\_\_\_

Bond #'s \_\_\_\_\_

This obligation can be paid in the following schedule:

Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_

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Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amount \_\_\_\_\_

Or in the following manner:  
\_\_\_\_\_

## Promissory Note Payments

Payments must be mailed to: 1244 Woodruff Ave - Los Angeles, CA 90024

All payments must be made according to the dates of this promissory note. All payments must be made via cashiers check, wire transfer, or by credit card. We do not take personal checks, or business checks.

If for any reason a payment will be as much as 48 hours late, you must notify Celebrity to avoid collection charges, as well as attorney's fees, and the possible revocation of this bond.

In the event that any scheduled payment is missed the balance will become due immediately. A small claims action will be filed two-business days later. You agree to pay the collection costs, court costs, and all reasonable attorney's fees to enforce collection of this debt. I have read the Indemnity Agreement and agree to the terms of this promissory note.

**Any, and all litigation arising out of this Promissory note will be litigated in the West LA Courthouse located at 1633 Purdue Avenue, Los Angeles, CA 90025.**

Co-Signer Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Signer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Defendant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Josh Herman Bail Bonds  
1244 Woodruff Ave - Los Angeles, CA 90024 (310) 208.2245

# Josh Herman Bail Bonds Promissory Note Page 2

## Co-signer Information

Social Security # \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_  
 Credit Card 1 # & type VISA/MC/AMEX \_\_\_\_\_ exp. \_\_\_\_\_  
 Credit Card 1 # & type VISA/MC/AMEX \_\_\_\_\_ exp. \_\_\_\_\_  
 Credit Card 1 # & type VISA/MC/AMEX \_\_\_\_\_ exp. \_\_\_\_\_  
 Drivers License: # \_\_\_\_\_ state: \_\_\_\_\_

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Co-Signer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Co-Signer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Defendant Signature \_\_\_\_\_ Date \_\_\_\_\_