

CUTTING EDGE BAIL BONDS
 _____ Insurance Co.

CEBB# _____

ATTN: Bail Bond Processing

RECEIPT FOR COLLATERAL DEPOSITED

RECEIVED OF:

Name	Date
Address	Power No.

As the security for the execution of this Bail Bond written in the sum of \$ _____ on behalf of Defendant _____, the following described collateral: _____

NAME AND ADDRESS OF BAIL BOND AGENCY	BY (Print Name):
	SIGNATURE:

Said Collateral is deposited as security for the payment of any sums which may become due to the Agency or the "Surety" by the terms of the Bail Bond Agreement executed by the said Defendant and Indemnitors, all of the terms of which are made a part of this receipt by this reference.

The above conditions are agreed to:

SIGNATURE OF DEPOSITOR	ADDRESS	DATE
X		
SIGNATURE OF DEPOSITOR	ADDRESS	DATE
X		

RECEIPT FOR RETURN OF COLLATERAL

RETURNED BY:	RECEIVED BY:	DATE:
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Agent Copy

CUTTING EDGE BAIL BONDS

CEBB# _____

ATTN: Bail Bond Processing

RECEIPT AND STATEMENT OF CHARGES

NAME AND ADDRESS OF BAIL BOND AGENCY	POWER NUMBER
	DATE
RECEIVED OF:	BAIL BOND PREMIUM \$
NAME	MISC. CHARGES \$
ADDRESS:	TOTAL CHARGES \$
EXPENSES (Itemize in detail, such as Guard Fees, Recording Fees, Notary Fees, Long Distance Calls, Telegrams, Travel and other actual unusual expenses.)	RECEIVED ON ACCOUNT \$
	BALANCE \$
WAS COLLATERAL TAKEN? If "Yes," use Collateral Receipt _____ YES _____ NO	

MEMORANDUM OF BAIL BOND FURNISHED

DEFENDANT	CHARGE	AMOUNT OF BOND	DATE FILED
DATE RELEASED	DATE TO APPEAR	TIME	
CASE NO.	COURT	CITY	
RECEIVED COPY OF ABOVE RECEIPT AND MEMO (SIGNATURE OF DEFENDANT OR DEPOSITOR)			
X			