CREDIT APPLICATION – **CO-SIGNER PROFILE**

COMPANY	PRODUCER
SE HABLA ESPAÑOL JCB WE OPEN 24 HOURS! BAIL BONDS	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE: **Juan C. Bernabe Jr.** **6906 Denison St. #A** **Houston, Texas 77020** **(832) 409-6067** **Lic# 74606**

READ CAREFULLY AND COMPLETE

1. Defendant Information

Defendant Name_____ DOB _____
First *Middle* *Last*

Address_____ City_____ State____ Zip _____

Def. Hm Ph #_____ Def. Cell Ph #_____ Relationship to Defendant _____

2. Co-Signer Name and Address

Name_____
First *Middle* *Last*

Home Phone #_____ Cell Phone #_____ Work Phone # _____

Current Address_____ City_____ State____ Zip_____

How Long?_____ ☐ Rent ☐ Own E-mail _____

Former Address_____

City_____ State_____ Zip_____ How Long?_____ ☐ Rent ☐ Own

3. Personal Description

DOB_____ Place of Birth _____

SSN_____ Driver's License #_____ State_____

How Long in US?_____ Are you a US citizen? ☐ Yes ☐ No Race_____ A#_____

Number of Years in City?_____ Number of Years in State?_____ Number of Years in US? _____

4. Employment

Current Employer_____ Position_____ How Long _____

Address_____ City_____ State_____ Zip_____

Supervisor's Name_____ Phone #_____

Former Employer_____ Position_____ How Long _____

Address_____ City_____ State_____ Zip _____

Supervisor's Name_____ Phone #_____

5. Martial Status/Children

☐ Single ☐ Married ☐ Living With ☐ Separated ☐ Divorced ☐ Widowed

Significant Other Name_____ Years together _____

Address_____ E-mail_____

Home Phone #_____ Cell Phone #_____ SSN_____

Employer_____ Supervisor Name_____ Work Phone#_____

Significant Other Mother Name_____ Phone # _____

Significant Other Father Name_____ Phone # _____

Former Significant Other Name_____ Phone # _____

Address_____ City_____ State_____ Zip _____

Employer_____ Supervisor Name_____ Work Phone # _____

Child Name	Age	School/Employer	Mother / Father Name

6. Credit

1. Name as it Appears on Credit Card_____ Driver's Lic./State ID No.:_____ State Issued:_____

Credit Card No._____ Expiration Date _____

Billing Address_____ City_____ State___ Zip_____

Card CVV/CVC Number _____

Last three number on the back of credit card

2. Name as it Appears on Credit Card_____ Driver's Lic./State ID No.:_____ State Issued:_____

3. Credit Card No._____ Expiration Date _____

Billing Address_____ City _____ State Zip _____

Card CVV/CVC Number _____

Last three number on the back of credit card

7. Vehicle

Year_____ Make_____ Model _____

Color_____ Plate_____ State_____

Insurance Company / Agent_____ Phone # _____

Where Financed_____ Amount Owed $ _____

Address_____ City_____ State____ Zip _____

References

1. Ref. Name _____
Brother / Sister
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

2. Ref. Name _____
Brother / Sister
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

3. Ref. Name _____
Brother / Sister
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

4. Ref. Name _____
Family
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

5. Ref. Name _____
Family
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

6. Ref. Name _____
Family
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

7. Ref. Name _____
Friends
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

8. Ref. Name _____
Friends
Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Relationship _____

Authorized Signature

The undersigned accepts and agrees to all terms and financial obligations as stated in the bail bond indemnity agreement and acknowledges that they are also responsible for all future charges regarding this bond. I agree and hold harmless the surety of the agent for all losses in connection with this bond(s) and not otherwise prohibited by law. I recognize and represent my fill satisfaction and receipt of all services relating to the bond. If the defendant fails to check in after 24 hours of being released. I understand and acknowledge that I will take full responsibility for the bail bond by the American Surety Company "Surety" P.O. Box 68932 Indianapolis, IN 46268. Failure of the defendant checking into our office after being released does not release me from any and all financial obligations for the bond(s). By acknowledging and signing this statement, I relinquish any rights to dispute this or future transactions in any way, once the defendant has been released.

I state that the information in this form is true and correct and the best of my knowledge. I understand that any information found to be false or omitted from this form could cause surrender of bail.

Signature: _____ Date: _____

Address: _____ City _____ State _____ Zip _____