

# Central Montana Bail Bonds

## Agency Bail Bond Agreement

1. All Premium is fully earned upon release of custody and is NONREFUNDABLE.
2. I hold the bond agent and agency harmless from any and all legal recourse, suit, or liability from any actions arising from the course of his duties.
3. I understand that I am being released into the bond agent's custody and will abide to all court ordered conditions of release, any special conditions listed below and appear to court for all required appearances. I also understand my bond may be revoked at any time without cause.

SpecialConditions: \_\_\_\_\_  
\_\_\_\_\_ (INT) \_\_\_\_\_

4. Mobile Device Account verification: by submitting your application, you agree with the terms and conditions outlined therein for use of our services, and authorize your disclosure, and your financial institution and telephone carrier to disclose information to us and our vendors from you and your account and about you, including (if available):name, address, email, phone number, financial, credit and personal information.
5. Mobile device location verification: As part of our security measures to help prevent fraud and identity theft, when submitting your application and future transactions, you agree to allow us to verify that your mobile phone is in proximity to the transaction location, and when signing into your account, to verify that you are near the transacting computer. This location verification data will be saved with other transaction information and will be available for use in resolving any concerns you may have. If you choose to opt-out at some point you may do so by visiting [www.mdnoptout.com](http://www.mdnoptout.com) and submit your name and mobile number, or you may contact Central Montana Bail Bonds (406)350-2663.
6. I agree to check-in on: \_\_\_\_\_ With: \_\_\_\_\_ At Phone# \_\_\_\_\_  
At check-in please have your next court date and any changes to your address, work or phone number.

### Defendant

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### Indemnitor

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_