



www.accredited-inc.com

Accredited Surety and Casualty Company, Inc.
P.O. Box 140855 • Orlando, FL 32814-0855
4798 New Broad Street • Suite 200 • Orlando, FL 32814

COLLATERAL RECEIPT

RECEIPT NO 0095590

BAIL PRODUCER (Include: name, address, phone, license no.)

A.-TOMMY RICHARDS
BAIL BONDS 478-0240
418 S. CONGRESS AVE.
WEST PALM BEACH, FL 33406

- 1. DATE
2. DEPOSITOR'S NAME (First, Middle, Last)
3. ADDRESS (Street, City, State, Zip)
4. PHONE NUMBERS HOME, WORK, MOBILE
5. The person named on line two (2) above ("Depositor" or "you") has deposited the following collateral:
- In the amount of _____ Dollars (\$) paid by way of (i.e., cash, check no., money order no., credit card)
- * If a credit card is used for payment of collateral, a fee may be charged under applicable state law. Credit Card Fee:
- Other (itemize and describe if collateral is other than money and specify condition)
The above collateral is placed as security for the bail bond(s), premium owed and all costs (if and as permitted by law), incurred due to underwriting the bail bond(s) for the following:
6. DEFENDANT (First, Middle, Last) ("Defendant") CASE NO.
7. BOND(S) AMOUNT \$ BOND NUMBER(S)
8. COURT CHARGES
9. RECEIVED BY (Signature of Bail Producer, Printed Name of Bail Producer & License #)
10. COLLATERAL HELD BY (check one) [] Bail Bond Producer [] Surety Company [] General Agent

Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement ("Agreement"), you are depositing the collateral as security for the payment of any and all monies and sums due to Surety or its Producers, including all liability, claims, demands, damages, judgments, losses, interest, expenses, attorneys' fees and costs suffered, sustained, made or incurred by Surety or its Producers on account of, arising out of or relating to the above bail bond and transactions contemplated thereby, your failure to comply with the terms and conditions of the Agreement and any and all debt or other obligations arising out of or evidenced by any agreement executed by you, Defendant or any other indemnitor(s) for the benefit of Surety or its Producers, all of the terms of which are made a part of this receipt by this reference ("Liabilities").

NOTE: Unless a properly drawn, executed and notarized legal assignment document is accepted and acknowledged by the Surety or its designee, the collateral listed above will be returned only to you. Except as otherwise provided by applicable law (if any) as stated in an addendum attached to the Indemnitor Application and Agreement, the collateral shall be returned to you, your heir, legal representative or successor in interest (less any Liabilities) within 30 days after all of the following are satisfied: (a) Surety receives competent written legal evidence satisfactory to Surety (such as, for example, written notice from the court) of Surety's discharge or release from all liability under the above bail bond; (b) there are no outstanding Liabilities (if permitted by law); (c) there are no other outstanding bonds or obligations executed by, for or on behalf of you or Defendant in connection with which the Surety may deem it advisable to retain such collateral for its protection; and (d) upon Surety's request, you shall have executed and delivered to Surety a general release upon Surety's return of the collateral to you.

NOTICE FOR FLORIDA RESIDENTS: If you are using a credit card to provide collateral, you are required to pay an additional credit card fee in the following amount: \$
For any complaints or inquiries, you may contact the Department of Financial Services, Division of Consumer Services, Bail Bond Section, 200 East Gaines Street, Tallahassee, FL 32399-0322, (877) 693-5236 (in state), (850) 413-3089 (all areas), www.MyFloridaCFO.com/Division/Consumers.

In Alaska, a complaint or dispute regarding the taking, use, or release of this collateral may be reported to the Department of Commerce, Community, and Economic Development, Division of Insurance, Robert B. Atwood Building, 550 W. 7th Avenue, Suite 1560, Anchorage, Alaska 99501-3597, if the complaint or dispute is not resolved in 45 working days.

You hereby acknowledge receipt of a copy of this document and of all documents referenced above, and the above conditions are understood and agreed to:

DEPOSITOR'S SIGNATURE

*** IT IS IMPORTANT THAT YOU DO NOT LOSE THIS RECEIPT***

RECEIPT FOR RETURN OF COLLATERAL

You hereby surrender the original of this collateral receipt and acknowledge the return and receipt of collateral listed above. The collateral has been returned in good and sufficient condition and you hereby relieve the Surety and its Producer from any further liability or responsibility in relation to the collateral.

DATE TOTAL AMOUNT RETURNED \$

Other collateral returned

Received by (Print Name) Returned by (Print Name of Bail Bond Producer)

Signature (Signature of Bail Bond Producer & License #)