BAIL USA, INC.
P. O. Box 806
Greenville, PA 16125
1-800-245-0366

REPORTING AGENT____

REPORT DATE____________________ PAGE ________ OF _________

AGENT'S BAIL REPORT

POWER NUMBER	DEFENDANT	DATE POSTED	BOND AMOUNT	NET PREMIUM	BUF	PREM RATE CHARGED
PAGE TOTAL						
TOTAL ALL OTHER PAGES						
GRAND TOTALS						

BOND COST SUMMARY

TOTAL PREMIUM/LIABILITY COLLECTED =
$ ________________________
X ________%(your contract rate)

TOTAL PREMIUM DUE COMPANY
PAYABLE TO:
BAIL USA, INC.

$_____________________
PLEASE REMIT THIS AMOUNT

BUILD-UP FUND SUMMARY

TOTAL BUF DUE

PAYABLE TO:
"SELF" & ACIC
$ ____________________________
PLEASE REMIT THIS AMOUNT

FOR COMPANY USE ONLY

BUF CHECK # ___________________

POWER NUMBER	DEFENDANT	DATE POSTED	BOND AMOUNT	NET PREMIUM	BUF	PREM RATE CHARGED
PAGE TOTAL						