

THE NORTH RIVER INSURANCE COMPANY  
11490 Westheimer Rd., Suite 300 77077  
P.O. Box 2807 • Houston, Texas 77252-2807  
(713) 954-8100 • FAX (713) 954-8389

Stamped Name, Agency Name, Address, Phone Number  
and License Number of The Bail Bonding Agent

## PREMIUM RECEIPT AND STATEMENT OF CHARGES

Receipt No. \_\_\_\_\_

### RECEIVED OF:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Defendant Name: \_\_\_\_\_

Indemnitor Name: \_\_\_\_\_

Penal Sum of Bond: \_\_\_\_\_ Charges: \_\_\_\_\_

Premium Finance Agreement Installment \_\_\_\_\_ of \_\_\_\_\_

Itemized Expenses, including complete description (Bond filing fee, booking fee, travel and other actual expenses):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Consideration:  Cash \$ \_\_\_\_\_  Credit \$ \_\_\_\_\_

Check \$ \_\_\_\_\_, # \_\_\_\_\_  Other \$ \_\_\_\_\_

POWER NUMBER
T _____
Date _____ 20 _____
\$ _____
BAIL BOND PREMIUM
\$ _____
MISC. CHARGES
\$ _____
TOTAL CHARGES
\$ _____
RECEIVED ON ACCOUNT
\$ _____
BALANCE

X \_\_\_\_\_  
Signature of  Defendant or  Indemnitor \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of The Bail Bonding Agent \_\_\_\_\_ Date \_\_\_\_\_