

A ROYAL FLUSH BAIL BONDS

1206 South Main Street • Las Vegas, Nevada 89104

702-478-1500 / Fax 702-405-6284

INDEMNITOR APPLICATION

Defendant's Name _____ Date of Application _____

Applicant's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cellular Number _____

Date of Birth _____ Social Security Number _____ US Citizen: Yes No

Driver License/ID Number _____

Spouse/Other Name _____ Phone # _____ Cell. # _____

Employer _____ Supervisor _____

Employer Address _____ Work Phone _____

City _____ State _____ Zip Code _____

Auto/Vehicle Make _____ Model _____ Year _____ Paid For? Yes No

Bank _____ Checking _____ Savings _____

Credit Card:    

Account Number _____ Expiration Date _____

Nearest Relative Name _____ Phone # _____ Cell. # _____

LIST TWO (2) PERSONAL REFERENCES

#1 Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cellular Number _____

#2 Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Cellular Number _____

I HAVE GIVEN PERMISSION TO VERIFY THE INFORMATION ON THIS APPLICATION.

sign name

print name

date