

BAIL BOND PREMIUM RECEIPT

Premium Receipt No (Power Number) : _____

 PALMETTO SURETY CORPORATION 75 Port City Landing, Ste. 130 Mt. Pleasant, SC 29464 843.971.5441 / 866-372-0827 http://palmettosurety.net	Agency: _____	
	LICENSE No: _____	
	ADDRESS: _____	
	PHONE: _____	
	Agent Name: _____	
Signature: _____		
Description of Bail Bond Issued		
Court: _____ County _____		
Charged with: _____		
Defendant Last Name: _____	Middle Name: _____	First Name: _____
Bond Amount (\$): _____		Power No: _____
The Sum of: _____		Dollars
Premium Information		
Received from Printed Name: _____	Bond Premium: _____	
	Filing Fee/Jail Posting Fee: _____	
	Technology Fee: _____	

Payee Signature: X	Total Charges: \$ _____	

Date Received: _____ Amount Paid: \$ _____		
Balance Due: \$ _____		

ACKNOWLEDGEMENT

I HAVE BEEN PROVIDED A COPY OF THIS PREMIUM RECEIPT

A completed copy of this document must be kept in the Insurance Producer's records.

