

PROMISSORY NOTE AND INSTALLMENT PAYMENT PLAN FOR UNPAID PREMIUM AND EXPENSES

COMPANY	ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	PRODUCER	<small>PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:</small> <i>Goodfellas Bail Bonds</i> 513 S. Main St. Las Vegas, NV 89101 (702) 384-5245
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Date _____ Power Number(s) _____

Bond Amount \$ _____ Court City _____ Court State _____

Premium Due \$ _____ Expenses Due \$ _____ Total Due \$ _____

FOR VALUE RECEIVED, I (we), the undersigned Debtor(s), jointly and severally (together and separately), promise to pay to the order of _____ ("**Bail Producer**") the principal sum of _____ Dollars (\$ _____) owed for premium and expenses on the bail bond ("**Bond**") for _____ ("**Defendant**"). Payments shall be made at the address shown above in the Bail Producer box or at such other place as Bail Producer may from time to time designate in writing according to the following payment plan.

Payment #1: Amount of payment \$ _____	Date payment due _____
Payment #2: Amount of payment \$ _____	Date payment due _____
Payment #3: Amount of payment \$ _____	Date payment due _____
Payment #4: Amount of payment \$ _____	Date payment due _____

If additional payments are to be made, use the Disclosures for Payment Plans In Excess of Four Payments Form. NOT FOR USE IN CONNECTICUT, IDAHO, INDIANA AND MARYLAND.

Authorized Signatures

I (we) agree to all terms and conditions of this note and acknowledge receipt of a copy of this note. I (we) also agree to pay all collection costs including, without limitation, court costs, reasonable and actual attorneys' fees and expenses, and any other fees permitted by applicable law.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

READ ALL TERMS ON BACK SIDE