

PREMIUM RECEIPT/ UNPAID BALANCE PAYMENT RECEIPT

Receipt Number: _____

**GORILLA BAIL BONDS, LLC
ENTERPRISE BAIL BONDS, LLC**

PO BOX 261685 HARTFORD, CT 06126
TELEPHONE (860) 827-1111

INITIAL PREMIUM (Regulated Premium)

UNPAID BALANCE PAYMENT (Payment Plan Collection)

COLLATERAL APPLICABLE Yes No | If yes, Collateral Receipt No. _____

Power Number: _____ Date Received: _____

Defendant First Name: _____ Middle: _____ Last: _____

Depositor First Name: _____ Middle: _____ Last: _____

Payment Method: Cash Check/Money Order [_____] Credit Card [_____] **Premium \$** _____

Amount Received: _____ **Dollars \$** _____

Remaining Balance \$ _____

Depositor: (Signature) _____

(Print) _____

Producer: (Signature) _____

(Print) _____

HAVE A BALANCE? WANT TO MAKE PAYMENT?

Pay by Phone: (860) 827-1111

Online: www.gorillabailbonds.com

Via Mail: Payable to Gorilla Bail Bonds, LLC, Send to PO Box 261685 Hartford, CT 06126

In Trust for: PALMETTO SURETY CORPORATION
109 River Landing Drive, Suite 200 Charleston, SC 29492-7595