

**Defendant Authorization Form**

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

Name of Bail Agent: \_\_\_\_\_

Name of Bail Bond Company: Gorilla Bail Bonds LLC

By signing my name below, on this date, I authorize the bail bond agent named herein to execute bail bonds on behalf of myself or the person I represent. I understand that this will begin the bail bond process.

**NOTE:** If I am signing this form as a duly designated representative of the defendant, I certify that I am at least 18 years of age and that I have full permission of the defendant to enter into this agreement.

\_\_\_\_\_ *Signature* of Defendant or Authorized Representative          \_\_\_\_\_ Date

\_\_\_\_\_ *Printed Name* of Authorized Representative (if applicable)

\_\_\_\_\_ *Signature* Bail Agent          \_\_\_\_\_ Date

Bail Agent License Number: \_\_\_\_\_