INSTALMENT AGREEMENT

As a result of a motor vehicle accident which occurred at _________________________________, Texas, on _________________________________, the undersigned, hereafter known as party of the first part, does hereby agree to effect settlement of claims for damages and/or personal injuries suffered by _________________________________, hereafter known as the party of the second part, on the following terms:

The party of the first part agrees to pay the sum of _________________________________ ($ _____________________ ) to the party of the second part or to his/her personal representative at _________________________________ due _______________________________.

Upon compliance with the provisions of this agreement the party of the second part shall deliver to the party of the first part a complete and unconditional release from all claims and causes of action he/she now has or hereafter may have against the party of the first part on account of damages and/or personal injuries resulting from the accident referred to.

STATE OF TEXAS ____________________________ )               Dated ____________________________, _________.

COUNTY OF _________________________________ _ )              __________________________________________

_______________________________, party of the first part, personally appeared before me, a Notary Public in and for said County, and acknowledged the execution of the above agreement.

My commission expires:                                                                     __________________________________________

(Notary Public)

_______________________________

ACCEPTANCE

I accept the foregoing agreement and acknowledge that I will execute a release in behalf of the party of the first part upon completion of its terms.

STATE OF ________________________________ _ )                     Dated ___________________________, _________.

COUNTY OF ______________________________ _ )                      __________________________________________

_______________________________, party of the second part, personally appeared before me, a Notary Public in and for said County, and acknowledged the acceptance of the above agreement.

My commission expires:                                                                     __________________________________________

(Notary Public)

_______________________________

IF FORM SR-19 IS FILED AFTER THE DRIVER LICENSE IS SUSPENDED,
A $100.00 REINSTATEMENT FEE WILL BE REQUIRED TO COMPLETE COMPLIANCE.