

Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

COLLECTION AGENCY/OPERATOR SECTION

P.O. Box 110806, Juneau, Alaska 99811-0806 Phone: (907) 465-2695 E-mail: license@alaska.gov

COLLECTION AGENCY SURETY BOND

Required by the Collection Agency Licensing Statutes, AS 08.24

	BOND NO.
KNOW ALL MEN BY THESE PRESENTS that we,as principal, andheld and firmly bound to the State of Alaska, in the penal sun the United States, for the payment of which we bind ourse assigns jointly and severally.	as surety, are not FIVE THOUSAND DOLLARS (\$5,000), lawful money of
The condition of this obligation is such that, whereas the bonof Commerce, Community, and Economic Development of the provisions of AS 08.24 and is required by the provisions of document.	he State of Alaska for a collection agency license under the
Now, therefore, if the above-named collection agency, with reports and pays to customers the net proceeds due and part month which exceed \$20, and strictly, honestly, and fait amendments to it and regulations adopted under it, then this	ayable of all collections made during that calendar or fiscal thfully complies with the provisions of AS 08.24 and all
This bond becomes effective on The surety may be relieved of future liability under it by Department of Commerce, Community, and Economic Dev	and expires on giving 60 days' written notice to the principal and to the elopment of the State of Alaska.
This bond is one continuing obligation and the liability of the it may in no event exceed the amount of the penalty set out	surety for the aggregate of all claims which may arise under t in it.
IN WITNESS OF THE ABOVE, principal and surety have si (date).	igned and sealed this bond on
PRINCIPAL (Applicant)	SURETY
Name:	Name:
Signature:	Address:
Title:	Agency Name:
	Address:
THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY. NOTE: Surety's Power of Attorney must be attached.	(Surety's Seal)
Division of Corporations, Business and Professional Licensing,	

08-4106a (Rev. 03/15/11)

Juneau, Alaska 99811-0806

P.O. Box 110806

Bond forms change; this is for educational purposes only.

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	FAX:	E-MAIL:		
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS: (Street)		(City)	(State)		(Zip)
DATE BUSINESS BEGAN UNDER CURRENT	NAME:		BUSINESS TAX ID:		
HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO!	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HO! (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) O BANKS	\$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND	NERS USE SS# MENT OF ASSETS & I	City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE: (State) GO BANKS O OTHERS	\$ \$ \$	
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS	NERS USE SS# MENT OF ASSETS & I \$ \$ \$	CCity) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB	ME PHONE: (State) O BANKS O OTHERS	\$ \$ \$	
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SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY	NERS USE SS# MENT OF ASSETS & I \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME (City) LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO	ME PHONE: (State) O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$	
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Completion of this form constitutes permission to obtain consumer information which will be used to determine bonding eligibility This information will be held in the strictest confidence no premium financing will be accepted as premium is earned in full.

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E-Mail info@integritybonds.com