



STATE OF IDAHO
 DEPARTMENT OF FINANCE
 Consumer Finance Bureau
 800 Park Blvd., Ste 200
 Boise, ID 83712
 P.O. Box 83720
 Boise, ID 83720-0031

| |
|---|
| BOND # _____ |
| Effective date _____ 20 _____ |

SURETY BOND FOR PERMITTEE UNDER THE IDAHO COLLECTION AGENCY ACT
 Pursuant to Idaho Code § 26-2232
 (\$15,000.00 minimum)

_____, Principal herein, desires to engage in business as a licensee under the Idaho Collection Agency Act, Idaho Code § 26-2221, *et seq.* (the Act), under the name shown above, and as such is required pursuant to § 26-2232 of the Act to execute this bond to the State of Idaho.

NOW, THEREFOR, said Principal and _____, as Surety, a corporation duly incorporated under the laws of the state of _____ and authorized to do business in Idaho as a surety, are held and firmly bound unto the State of Idaho, for the use and benefit of whom it may concern, in the sum of \$ _____, lawful money of the United States of America, for the payment of which we hereby bind ourselves, our and each of our heirs, assigns, executors and administrators, jointly and severally, firmly by these presents. The effective date of this surety bond is: _____.

In any case where the Principal or its representatives has failed to account for and pay over the proceeds of any collection made or money received for payment or prorating to creditors, or has failed to return to a debtor any sum received that was not to be applied to his debts, the Surety shall be obligated to the Department of Finance, State of Idaho, under this bond therefor, up to the limit of this bond. Further, the creditor or debtor shall have in addition to all other legal remedies a right of action in its own name on this bond, without the necessity of joining the Principal in the action.

The Surety may cancel this bond provided that the Surety shall provide thirty (30) days' prior written notice of the cancellation of this bond to the Principal and to the Director of the Idaho Department of Finance. Such notice shall be by registered or certified mail with request for a return receipt and addressed to the Principal at its main office, and to the Director of the Idaho Department of Finance at the address set forth above.

In no event shall the liability of the Surety under this bond and all claims against the bond exceed the face amount of this bond.

 (PRINCIPAL)

 (SIGNATURE OF OFFICER OF THE PRINCIPAL) DATE

 (NAME OF SURETY COMPANY)

 (SIGNATURE OF OFFICER OF SURETY COMPANY) DATE

 (TITLE OF OFFICER OF SURETY COMPANY)

 (NAME, TITLE AND TELEPHONE NUMBER OF CONTACT FOR SURETY)

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____

NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ EFF.DATE: _____ EXP.DATE: _____
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP AMOUNT: _____
 OBLIGEE: _____

OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)

SECTION II: GENERAL INFORMATION

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

BUSINESS NAME: _____

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? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO

HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:

SECTION III: ADDITIONAL OWNERS / PARTNERS

APPLICANT'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

STATEMENT OF ASSETS & LIABILITIES AS OF _____

| ASSETS | | LIABILITIES | |
|------------------------------|-----------|-------------------------------------|--------------------------------|
| CASH IN BANK | \$ | NOTES PAYABLE TO BANKS | \$ |
| CASH ON HAND | \$ | NOTES PAYABLE TO OTHERS | \$ |
| STOCKS & BONDS | \$ | ACCOUNTS PAYABLE | \$ |
| ACCOUNTS RECEIVABLE | \$ | FEDERAL & STATE INCOME TAX DUE | \$ |
| NOTES RECEIVABLE | \$ | ALL OTHER TAXES | \$ |
| INVENTORY | \$ | ACCRUALS, PAYROLLS, ETC. | \$ |
| CASH VALUE OF LIFE INSURANCE | \$ | DUE ON EQUIPMENT | \$ |
| EQUIPMENT | \$ | DUE ON REAL ESTATE | \$ |
| REAL ESTATE | \$ | OTHER LIABILITIES | \$ |
| OTHER ASSETS | \$ | CAPITAL STOCK (IF A CORPORATION) | \$ |
| | | SURPLUS & UNDIVIDED PROFITS | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |
| | | NET WORTH | \$ |
| NAME OF OWNERS | | NAME & TITLE OF OFFICERS | PERCENTAGE OF OWNERSHIP |
| | | | |

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.

Integrity Bonds Inc

Toll Free: (866) 420-2613

Local (480) 626-8916

E-Mail info@integritybonds.com

Fax: (602) 674-8235