

Amount \$ _____

Bond No. _____

COLLECTION AGENCY CORPORATE SURETY BOND

WE _____
d/b/a _____ as Principal, having filed with the Director of the Financial Institutions Division (the "Director") for licensure as a collection agency under the collection Agency Regulatory Act (the "Act"), NMSA 1978, Chapter 61, Article 18A as amended and _____ as Surety, a corporation organized under the laws of the State of _____ and being duly authorized to transact the business of fidelity and surety insurance in the State of New Mexico (the "State"), hereby acknowledge our indebtedness to the people of the State for the use and benefit of any person(s) having a claim under the conditions of this obligation, in the penal sum of Five thousand dollars (\$5,000), provided, however, that the total liability of the Surety hereunder to all persons, cumulative or otherwise, shall not exceed Five thousand dollars (\$5,000).

LIABILITY for the payment of the above referenced amount, to which we hereby obligate and bind ourselves, our successors and assigns, jointly and severally, is subject to the conditions that the Principal becomes licensed with the Director to transact business as a Collection Agency and fails to strictly comply with the provisions of the Act and all orders, rules and regulations issued pursuant to the Act.

THIS BOND shall expire at such time as the Principal's License is withdrawn, terminates through non-renewal or is revoked by the Director, **except** as to liability for acts or omissions which occur prior to such time. This Bond may also be canceled by the Surety upon at least thirty (30) days prior written notice by certified mail to the Director, in which case this Bond shall be deemed canceled upon the expiration of 30 days from receipt by the Director of such written notice, **except** as to liability for acts or omissions which occur prior to the date of cancellation.

ANY PERSON suffering loss or damages as a result of the Principal's failure to comply with the provisions of the Act and all orders, rules and regulations issued pursuant to the Act shall have the right to bring suit on this Bond in a court of competent jurisdiction provided that no such suit may be brought later than three years from the date of the act or omission upon which the claim is based.

EXECUTED this _____ Day _____ Month _____ Year _____

Principal's name (Print or type)

Note: A person other than a corporate officer of the Surety executing in the Surety's behalf must attach the Power of attorney authorizing such person to execute bonds for the Surety.

By: _____
(Signature)

(Title)

(CORPORATE SEAL)

Surety's name (Print or type)
By: _____
(Signature)

BOND ACKNOWLEDGEMENTS

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____ ,
_____ by _____ , a _____ corporation.
(name of officer) (state of incorporation or N/A)

Notary Public

My commission expires

(NOTARY SEAL)

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____ ,
_____ by _____ .

Notary Public

My commission expires

(NOTARY SEAL)

Bond forms change; this is for educational purposes only.

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

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Fax: (602) 674-8235