

Collection Agency Bond

Know all Men by these Presents, That we, _____
_____ as principal, and _____
a corporation authorized to do business in the City of Buffalo, County of Erie and State of New York as surety,

ARE HELD FIRMLY BOUND UNTO THE CITY OF BUFFALO

in the penal sum of _____ Dollars lawful money of the United States of America, to be paid to the said City of Buffalo, its certain attorney, or assigns, for which payment, well and truly to be made, said principal and surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SIGNED, SEALED with our seals, and dated this _____ day of _____, in this year of our Lord _____

Whereas, the above bounden principal, _____
_____ has applied to the City of Buffalo for a Collection Agency License pursuant to the provision of Article VII of Chapter V of the Ordinances of the City of Buffalo, and the said Ordinance requires this bond as a condition of granting such license:

Now, Therefore, THE CONDITION OF THIS OBLIGATION IS SUCH THAT if the said principal shall in all things well and truly and faithfully comply with the provisions, conditions, and requirements of Article VII of Chapter V of the Ordinances of the City of Buffalo, as amended, relating to Collection Agencies, and shall pay all damages occasioned to any person by reason of any misstatement, misrepresentation, fraud or deceit, or any unlawful act or omission of said _____ his agent or employee, while acting within the scope of their employment, made, committed or omitted in the business conducted under such license, or caused by any other violation of said Article in carrying on the business for which such license is granted, then this obligation shall be void; otherwise to be and remain in full force and effect, provided, however, and it is expressly understood and agreed, that any person, co-partnership, association or corporation damaged by reason of the failure of the principal to perform and fulfill the foregoing conditions of this bond may maintain an action to recover such damages against the obligators in this bond in the same manner as though any such person, co-partnership, association or corporation were specifically named therein, provided, however, such action is brought within one year after the time the cause of action accrues.

(L.S.)

(L.S.)

(L.S.)

(L.S.)

STATE OF NEW YORK
County of Erie, City of Buffalo

On the _____ day of _____, _____ before me came _____
_____ to me personally known to be the individual described in
and who executed the foregoing bond, and he acknowledged to me that he executed the same.

Commissioner of Deeds, Buffalo, NY
Notary Public, Erie Co. NY

STATE OF NEW YORK
County of Erie, City of Buffalo

On the _____ day of _____, _____ before me personally came _____
_____ to me known, who, being by me duly sworn, did depose
and say that he resides in _____; that he is the
_____ of the _____
_____ the corporation described in and which executed the above
instrument; that he knows the seal of such corporation; that the seal affixed to said instrument was such corporate
seal; and that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name
thereto by like order.

Commissioner of Deeds, Buffalo, NY
Notary Public, Erie Co. NY

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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