



COLLECTION SERVICE LICENSE BOND

STATE OF TENNESSEE

REQUIRED BY TENNESSEE CODE ANNOTATED, TITLE 62, CHAPTER 20

BOND NUMBER: _____

KNOW ALL MEN BY THESE PRESENT: _____

THAT WHEREAS, _____

With its principal place of business at _____
has applied for a license for the purpose of conducting and for operating a collection service
pursuant to the provisions of Public Chapter 170, Section 6, Subsection 3, State of Tennessee.

WHEREAS, the said _____

with its principal place of business at _____
operates such collection service under the name of _____; and

WHEREAS, the laws of the State of Tennessee provide for the filing and maintaining with
the Tennessee Collection Service Board a Surety Bond in the sum of Twenty -Five Thousand
(\$25,000.00) Dollars.

NOW THEN, the undersigned _____

as principal, and the undersigned _____
a corporation, as surety, do hereby undertake and bind ourselves separately and collectively to
the Tennessee Collection Service Board in the sum of Twenty-Five Thousand Dollars (\$25,000.00)
conditioned upon the licensee faithfully and truly accounting to the licensee's clients within thirty
(30) days after the close of each calendar month, unless otherwise provided by mutual agreement
between the collector and the client. As provided in Title 62, Chapter 20, Tennessee Code
Annotated.

THIS BOND is to be effective for a period of one (1) year from _____ 20____
to 20 _____.

IN WITNESS WHEREOF, The Said Principal caused this instrument to be executed by
its president and its corporate seal to be affixed hereto this day of 20_____.

ATTEST:

BY _____
SECRETARY

PRINCIPAL

PRESIDENT

State of _____

County of _____

On this _____ day of _____, 20____ Before me the undersigned, a Notary Public in and for _____ personally came _____, to me personally known to be the identical person whose name is affixed to the above instrument, and acknowledged the execution thereof to be his voluntary act and deed.

Witness my hand and Notarial Seal at _____ in _____ County, _____, the day and year last above written.

Seal

Notary Public

My Commission expires the _____ day of _____, 20____.

IN WITNESS WHEREOF, The said surety has caused this instrument to be executed by its _____ and its corporate seal to be affixed hereto this _____ day of 20____.

Seal

SURETY
BY _____

COUNTERSIGNED
BY _____

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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