



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 if 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	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>NAME OF OWNERS</b>	<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>	

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**