WV/CST-283 (Rev. 11/99)

WEST VIRGINIA DEPARTMENT OF TAX AND REVENUE

NONRESIDENT CONTRACTOR CONSUMERS SALES AND SERVICE TAX AND USE TAX CASH BOND



BOND NUMBER _____

NAME:	
FEIN:	
ADDRESS:	
Pursuant to W. Va. Code § 11-15-8b the above named non-reguarantee payment of the West Virginia Sales and Use Tax due v	
CONTRACT NUMBER:	
CONTRACT PARTICIPANTS:	
CONTRACT DESCRIPTION:	
	Co.
GROSS VALUE OF CONTRACT: \$	
The amount of the cash bond must be equal to six percent bond is being posted. The above named non-resident contract as cash bond with respect to the above described contract and of the gross value of the contract and will be sufficient to cover to the above-referenced contract.	tor hereby posts the amount of \$ertifies that this amount represents six percent (6%)
This bond shall be effective from the da	y of ,
In witness whereof the above named non-resident contractor	hereby executes this instrument this
day of	
(Autho	rized Officer or Agent Non-Resident Contractor)
Acknowledged before me this day of	, My commission
expires the day of	, ·
Notary Seal Bond forms change; this is for educ	cational purposes only.
	DO NOT USE THIS SPACE
Notary Signature	

INTEGRITY SURETY BOND APPLICATION

		AGENCY CONTACT			
AGENCY PHONE:	AGENCY F	FAX:	E-MAIL:		
AGENCY ADDRESS:					
CURRENT OR EXPIRING QUOTE WE ARE	LOOVING TO PEAT?	,	(City)	(State)	(Zip)
		-			
NAME OF PREVIOUS SURETY COMPANY	WRITING THE BONL)?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.DATE:	EXP.DA	ΓE:	
TYPE OF COMPANY CORP LLC	DBA PARTNER				
OBLIGEE:					
OBLIGEE ADDRESS: (Street)		(City)	(State)		(7in)
SECTION II: GENERAL INFORMATION		,	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#:SPO	USE SS#	HOI	ME PHONE:		
RESIDENTIAL ADDRESS:(Street)		(City)	(8: 1.)		(3:)
BUSINESS NAME:		(City)	(State)		(Zip)
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?		O YOU HAVE ANY LIE GAINST YOU?	NS, CLAIMS, OR JUDG	EMENTS	YES NO
HAS APPLICANT EVER FAILED IN BUSINES	SS? YES 🗌 NO 🗍 H	IAS APPLICANT EVER	FILED BANKRUPTCY?	,	YES NO
					,
IF YES TO ANY. I	PLEASE EXPLAIN ON A	A SEPERATE SHEET C			
·		A SEPERATE SHEET C			
SECTION III: ADDITIONAL OWNERS / PART	NERS	A SEPERATE SHEET O			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#:SPOI	NERS	SPOUSE NAME	OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:	NERS	SPOUSE NAME	OF PAPER:		(Zip)
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM	NERS	SPOUSE NAME HO! (City) LIABILITIES AS OF	ME PHONE: (State)		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SS#: SPOI RESIDENTIAL ADDRESS: (Street) STATEM ASSETS	NERS USE SS# MENT OF ASSETS & I	SPOUSE NAME HON (City) LIABILITIES AS OF LIABILITIES	ME PHONE: (State)		
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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

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