



ALABAMA DEPARTMENT OF REVENUE
SALES, USE & Business Tax DIVISION

LIC: 539-4B Rev. 7/04
Bond Number _____

Bond of New Motor Vehicle Dealer

KNOW ALL MEN BY THESE PRESENTS, that we _____

city _____, County _____, State _____,
As Principal (hereinafter called Principal), and _____
_____ of _____, as

Surety (hereafter call Surety), are held and firmly bound unto the State of Alabama in the sum of Twenty Five Thousand Dollars (\$25,000.00), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

The conditions of the foregoing obligation are such that:

WHEREAS, the Principal has been duly appointed a "New Motor Vehicle Dealer," under the provisions of Title 40, Chapter 12, Article 8, **Code of Alabama 1975**, such Principal shall comply with the conditions of any contract made by such dealer in connection with the sale or exchange of any motor vehicle and shall not violate any of the provisions of law relating to the conduct of business for which he is licensed.

It is expressly understood and agreed that neither this obligation nor any liability thereunder shall be released or the validity thereof affected by reason of the adoption by the State of Alabama of any Act in lieu of or amendatory to said laws, but this obligation shall continue in full force and effect with respect to said statutes or any amendments thereto or changes therein which may be adopted before the cancellation of this obligation as herein provided, or before the actual cancellation and surrender of this obligation by the State of Alabama pursuant to any law now existing or hereafter adopted relating thereto.

It is further expressly understood and agreed that the liability of both the Principal and the Surety on this bond shall be for the license period of _____ through September 30, _____ and that a new bond or a proper continuation certificate must be delivered to the Alabama Commissioner of Revenue AT THE BEGINNING OF THE LICENSE YEAR, WHICH IS OCTOBER 1, AND EXPIRING ON SEPTEMBER 30 OF THE SAME LICENSE YEAR; provided, however, that the aggregate liability of the Surety in any one license year shall in no event exceed the sum of such bond.

The Surety on this bond may be released and discharged from any and all liability to the State of Alabama accruing on this bond after the expiration of sixty (60) days from the date upon which said Surety shall have filed with the Alabama Department of Revenue written request to be released and discharged provided; however, such request shall not operate to relieve, release or discharge such Surety from any liability already accrued or which shall accrue before the expiration of said sixty (60) day period.

In WITNESS WHEREOF, we hereunto set our names and seals on this the _____ day of _____,

_____ SURETY	_____ SIGNATURE OF PRINCIPAL, PARTNER, OR CORPORATE OFFICER
By: _____ SIGNATURE OF AGENT OF SURETY COMPANY	_____ SIGNATURE OF PARTNER
By: _____ SIGNATURE OF ALABAMA RESIDENT AGENT	_____ SIGNATURE OF PARTNER
Telephone (_____) _____	_____ COMMISSIONER OF REVENUE

ALL NAMES MUST BE TYPED UNDER SIGNATURES

(Instructions on Back)

Bond Form Instructions

The surety company must complete all bonds on the form prescribed by the Alabama Department of Revenue.

Completion of The Bond:

- + The bond must include the true legal name of the party for whom the bond is being sought, as follows:
 - If an individual ownership the applicant's name as well as the business name;
Example: John Doe, DBA ABC Auto Sales
 - If a partnership, the names of all partners and the name of the partnership;
Example: John Doe & Jane Doe, DBA ABC Auto Sales
 - If a limited liability company the names of all members and the company name;
Example: John Doe, Jane Doe & Bill Jones, DBA ABC Auto Sales LLC
Or John Doe & XYZ, Inc., DBA AAA Auto Sales LLC
 - If a corporation, the complete corporate name.
- + The bond must also show the following:
 - The city, county and state in which the business is located;
 - The name and address of the surety company providing the coverage;
 - The effective date and the expiration date of the bond coverage;
The coverage may not exceed one year and must not begin before October 1st and must expire on September 30th of the same license year.
 - The issue date of the bond;
 - The telephone number of the Alabama resident agent.

Signature Section Requirements:

- + All signatures must be originals.
- + The bond must include the signatures of the following:
 - The signature of the surety company agent;
 - The signature of an Alabama resident agent;
Bond must be signed twice if the above items are the same person.
 - The signature of the applicant (individual owner), all partners, all LLC members, or a corporate officer.

Power of Attorney Requirements:

- + An original power of attorney form indicating that the agent is authorized to execute the bond on behalf of the surety company must accompany the bond.
- + The power of attorney must have the same date as that on the bond.

All required documents should be mailed to:

**Alabama Department of Revenue
Sales, Use & Business Tax Division
Severance & License Section
PO Box 327550
Montgomery, AL 36132-7550
Telephone: (334) 353-7827**

Any bond or power of attorney received separately from application will be returned to sender.

The bond form must be an original with original signatures. No facsimiles, photocopies, letters or phone calls are acceptable substitutes for the original bond.

Laser printed certificates must have surety company seal.

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 YES ☐ NO ☐ DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS YES ☐ NO ☐
BONDS FOR ANY PURPOSE? AGAINST YOU?
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

E-Mail info@integritybonds.com

Toll Free: (866) 420-2613

Local (480) 626-8916

Fax: (602) 674-8235