### CALIFORNIA STATE BOARD OF EQUALIZATION

# **BOND OF SELLER**

#### EXECUTED PURSUANT TO DEMAND FOR SECURITY

#### UNDER THE CALIFORNIA SALES AND USE TAX LAW

Revenue and Taxation Code Section 6701 and, Where Applicable, Executed Pursuant to Demand for Security Under Uniform Local Sales and Use Tax Ordinances and Transactions (Sales) and Use Tax Ordinances (Parts 1.5 and 1.6, Division 2, Revenue and Taxation Code)

	BOND NO			
Know all persons by these pre	esents:			
That we,				
	(PRINCIPAL - Enter owner nam	ne only - do not enter dba)		
whose address for service is				
	(street a	ddress, city, state and zip code)		
as PRINCIPAL, and				
a corporation organized under the laws of			and authorized to transact	
a general surety business in the State of Calif	fornia, as SURETY, and whose add	dress for service is	street address)	
	1 11			
(city, state and zip code)	, are neid an	nd firmly bound to the People of	the State of Camfornia, as	
OBLIGEE, in the penal sum of		Dollars (\$		
to be paid to the OBLIGEE, for which paymen	nt we bind ourselves, our heirs, exe	ecutors, administrators, successors and	assigns, jointly and severally	
firmly by these presents.				
WHEREAS, the above-bounden Prince pursuant to the California Sales and Use Tax		ied for the issuance of, a permit to en	ngage in business as a seller	
WHEREAS, a demand has been mad Taxation Code Section 6701 and, where applie the Bradley-Burns Uniform Local Sales and Transactions and Use Tax Law, to insure com	icable, by the provisions of Unifor Use Tax Law, and Transactions	m Local Sales and Use Tax Ordinance (Sales) and Use Tax Ordinances ado	s adopted under provisions of pted under provisions of the	
<b>NOW, THEREFORE,</b> if the above-b which became due under the Sales and Use Ta				
PROVIDED, HOWEVER, this bond	is issued subject to the following	express conditions:		
1. This bond is executed by the Surety and Taxation Code, and where applicable, Pa Revenue and Taxation Code, and of Chapter 2 shall be subject to all of the terms and provis 2. This bond shall be deemed continuo which the permit is granted, and each and ev liability or indebtedness therefore incurred or 3. The aggregate liability of the Surety 4. This bond may be cancelled by the 2 of Title 14 of Part 2 of the Code of Civil Part 2 of the Code of	rts 1.5 (commencing with Section (commencing with Section 995.0) ions thereof. us in form and shall remain in full ery succeeding renewal period or accrued hereunder. y hereunder on all claims whatsoe Surety in accordance with the prov	7200) and 1.6 (commencing with Section) of Title 14 of Part 2 of the Code of Code and effect and shall run concurred periods, after which liability hereunder wer shall not exceed the penal sum of the code of Code and effect and shall run concurred periods.	ion 7251) of Division 2 of the Civil Procedure, and said bond antly with the permit period for r shall cease except as to any this bond in any event.	
5. This bond to become effective		·	The premium on this bond is	
\$	for the term		·	
Name of Surety		Address		
I certify (or declare) under penalty of perjury	that I have executed the foregoing	g bond under an unrevoked power of A	Attorney.	
Executed in	(city and state)	on	(date)	
under the laws of the State of California.	(Ony and state)		(uaic)	
(Signature of Principal)	(title) (date)	(Signature of Attorney-in-f	act for Surety)	
(2-8	(alle)	(games of thorney in I		
Executed at (city and stat	e)	(Printed or typed name of Attorne	ev-in-fact for Surety)	

BOE-445 REV. 10 (10-93)

## 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			. LO _ NO _	
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!	ME PHONE:  (State)			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME: SPOI  RESIDENTIAL ADDRESS: (Street)  STATEM ASSETS	NERS  USE SS#  MENT OF ASSETS & I	SPOUSE NAME HON (City)  LIABILITIES AS OF LIABILITIES	ME PHONE:  (State)			
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SPOI  RESIDENTIAL ADDRESS:  (Street)  STATEM  ASSETS  CASH IN BANK	NERS  USE SS#  MENT OF ASSETS & I	SPOUSE NAME HO!  (City)  LIABILITIES AS OF  LIABILITIES  NOTES PAYABLE T	ME PHONE:  (State)  O BANKS	\$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  RESIDENTIAL ADDRESS:  (Street)  STATEM  ASSETS  CASH IN BANK  CASH ON HAND	NERS  USE SS#  MENT OF ASSETS & I	City)  LIABILITIES AS OF LIABILITIES NOTES PAYABLE T	ME PHONE:  (State)  GO BANKS O OTHERS	\$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  SPOI  RESIDENTIAL ADDRESS:  (Street)  STATEM  ASSETS  CASH IN BANK  CASH ON HAND  STOCKS & BONDS	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$	CCity)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T  NOTES PAYABLE T  ACCOUNTS PAYAB	ME PHONE:  (State)  O BANKS O OTHERS	\$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#: SPOI  RESIDENTIAL ADDRESS: (Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$	City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE	ME PHONE:  (State)  O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  SPOI  RESIDENTIAL ADDRESS:  (Street)  STATEM  ASSETS  CASH IN BANK  CASH ON HAND  STOCKS & BONDS  ACCOUNTS RECEIVABLE  NOTES RECEIVABLE	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$	City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T  NOTES PAYABLE T  ACCOUNTS PAYAB  FEDERAL & STATE  ALL OTHER TAXES	ME PHONE:  (State)  O BANKS O OTHERS  LE INCOME TAX DUE	\$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  SPOI  RESIDENTIAL ADDRESS:  (Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO	ME PHONE:  (State)  O BANKS O OTHERS LE INCOME TAX DUE	\$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  RESIDENTIAL ADDRESS:  (Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN	ME PHONE:  (State)  GO BANKS GO OTHERS ELE INCOME TAX DUE	\$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:SPOI  RESIDENTIAL ADDRESS:(Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE:  (State)  O BANKS O OTHERS SLE INCOME TAX DUE  DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#: SPOI  RESIDENTIAL ADDRESS: (Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T ACCOUNTS PAYAB  FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE:  (State)  O BANKS O OTHERS LE INCOME TAX DUE  DLLS, ETC. NT ATE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:SPOI  RESIDENTIAL ADDRESS:(Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA	ME PHONE:  (State)  O BANKS O OTHERS LE INCOME TAX DUE  DLLS, ETC. NT ATE A CORPORATION)	\$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  RESIDENTIAL ADDRESS:  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T  ACCOUNTS PAYAB  FEDERAL & STATE  ALL OTHER TAXES  ACCRUALS, PAYRO  DUE ON EQUIPMEN  DUE ON REAL ESTA  OTHER LIABILITIES  CAPITAL STOCK (IF  SURPLUS & UNDIV	OF PAPER:  ME PHONE:  (State)  O BANKS O OTHERS  LE INCOME TAX DUE  DLLS, ETC.  NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#: SPOI  RESIDENTIAL ADDRESS: (Street)  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T  ACCOUNTS PAYAB  FEDERAL & STATE  ALL OTHER TAXES  ACCRUALS, PAYRO  DUE ON EQUIPMEN  DUE ON REAL ESTA  OTHER LIABILITIES  CAPITAL STOCK (IF  SURPLUS & UNDIV	OF PAPER:  ME PHONE:  (State)  O BANKS O OTHERS  LE INCOME TAX DUE  DLLS, ETC.  NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  RESIDENTIAL ADDRESS:  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES  NOTES PAYABLE T  ACCOUNTS PAYAB  FEDERAL & STATE  ALL OTHER TAXES  ACCRUALS, PAYRO  DUE ON EQUIPMEN  DUE ON REAL ESTA  OTHER LIABILITIES  CAPITAL STOCK (IF  SURPLUS & UNDIV	OF PAPER:  ME PHONE:  (State)  O BANKS O OTHERS  LE INCOME TAX DUE  DLLS, ETC.  NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
SECTION III: ADDITIONAL OWNERS / PART APPLICANT'S NAME:  SS#:  RESIDENTIAL ADDRESS:  STATEM  ASSETS  CASH IN BANK CASH ON HAND STOCKS & BONDS ACCOUNTS RECEIVABLE NOTES RECEIVABLE INVENTORY CASH VALUE OF LIFE INSURANCE EQUIPMENT REAL ESTATE OTHER ASSETS	NERS  USE SS#  MENT OF ASSETS & I  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SPOUSE NAME  (City)  LIABILITIES AS OF LIABILITIES NOTES PAYABLE T NOTES PAYABLE T ACCOUNTS PAYAB FEDERAL & STATE ALL OTHER TAXES ACCRUALS, PAYRO DUE ON EQUIPMEN DUE ON REAL ESTA OTHER LIABILITIES CAPITAL STOCK (IF SURPLUS & UNDIV	OF PAPER:  ME PHONE:  (State)  O BANKS O OTHERS  LE INCOME TAX DUE  DLLS, ETC.  NT ATE A CORPORATION) IDED PROFITS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		

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

Local (480) 626-8916 Fax: (602) 674-8235

E-Mail info@integritybonds.com