SALES FINANCE COMPANY BOND

Bond Number	Effective Date	
	ATE OF NEW HAMPSHIRE BANKING DEPARTMENT	
KNOW ALL MEN BY THESE PRESENTS, that we		
	(Name of Applicant or Licensee)	
of AS PR	INCIPAL AND	
(State of Incorporation/Formation)	INCIPAL, AND(Name of Insurance Company)	
authorized to do business in the State of New Hampsh Commissioner of the State of New Hampshire for the thereof, conditions of this obligation, in the sum of tw	and existing under the laws of the State of	ank nd residents I States, for the
SEALED WITH our seals and dated this da	y of, 20	
THE CONDITIONS OF THE ABOVE OBLIGATIO	N ARE SUCH THAT:	
Hampshire Revised Statutes Annotated 361-A from a period, including renewal periods, or until cancelled, a	ed for a license as a sales finance company under the provisions of after the date hereof for the license period and continuous during and required to faithfully comply with any and all provisions of N gulations and orders issued or hereafter to be issued by the Bank	ng the licensing IH RSA 361-A,
Commissioner by rule or order requires, by any person	y person who has a cause of action under RSA 361-A and, if the has a cause of action not arising under the chapter. This be the bond unless brought within 6 years after the transaction or oth	ond provides that
cancelled. Should the Surety wish to effect cancellati be in writing and the 20 day period shall commence for revocation of the license of the Principal shall not can	ce and remain in effect during the period of license of the Princip on, 20 days' notice must be given to the Bank Commissioner. Su om the date the notice is received by the Bank Commissioner. To cel, suspend nor otherwise impair any obligation of the Surety un and through its duly authorized officers, has hereunto set its hand a	ch notice shall he suspension or der this bond.
	its duly authorized officers and its corporate seal to be hereto affin	
day of, 20	<u>_</u> .	
,	C ₂ -1)	S1)
(Print or Type the Name of Applicant or Licensee)	Seal) (Seal) (Print or Type the Name of Surety)	Seal)
BY (Print or Type Name and Official Position)	BY(Print or Type Name and Official Position of the Surety's Representative w/ POA)	
BY	BY	
BY(Signature) (Date)	BY(Signature) (Date)	
	BY	
	BY(Counter-Signature by NH licensed	

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", a Power of Attorney must be attached.

Representative of the Insurer)