

COLLECTION AGENCY BOND APPLICATION

COLLECTION AGENCY BOND UNDER TITLE 45, CHAPTER 18, REVISED STATUTES

KNOW ALL MEN BY THESE PRESENTS THAT WE, _____
insert full names of

Principals and add the words "as principals," and give addresses

and any party aggrieved within the meaning of NJSA 45:18 et seq.

and held and firmly bound unto the State of New Jersey, in the sum of Five Thousand Dollars to be paid said unto the State of New Jersey, to which payment well and truly to be made, we bind ourselves, our and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. Sealed with our seals. Dated the _____ day of _____ A.D. two thousand and _____.

THE CONDITION OF THIS OBLIGATION IS SUCH, that if the above bounden, shall, upon written demand, pay and turn over to or for the person, partnership, association or corporation for whom any account, bill or other indebtedness is taken for collection, the proceeds for such collection, in accordance with the terms of the agreement upon which such account, bill or other indebtedness was received for collection, and shall faithfully observe all laws relating to the business provided for in the above-entitled act, then this obligation to be void, otherwise to remain in full force and virtue.

Signed, sealed and delivered
in the presence of

Witness _____ (SEAL)
Principal

Witness _____ Surety

Attorney-in-Fact

Examined and approved as to form

Deputy Attorney General

ACKNOWLEDGEMENT OF PRINCIPAL

(Corporation)

(To be executed by Secretary)

STATE OF _____ }
 } s.s.
COUNTY OF _____ }

BE IT REMEMBERED, That on this _____ day of _____
in the year of Our Lord, two thousand and _____, before me, the subscriber, a
_____ of the State of _____, personally appeared
_____, who, being by me duly sworn, does
depone and make proof to my satisfaction, that he well knows the corporate seal of the
_____, the principal named in the foregoing bond; that
the seal thereto affixed is the proper corporate seal of said company; that the same was so affixed
thereto and the said bond signed and delivered by _____,
who was at the date and execution thereof, the President of said company, in the presence of the
said deponent, as that voluntary act and deed of the said company, and that the said deponent
thereupon signed the same as subscribing witness.

Subscribed and sworn to before me

This _____ day of _____, 20____

Corporation Secretary

Notary Signature

ACKNOWLEDGEMENT OF PRINCIPAL

(Individual)

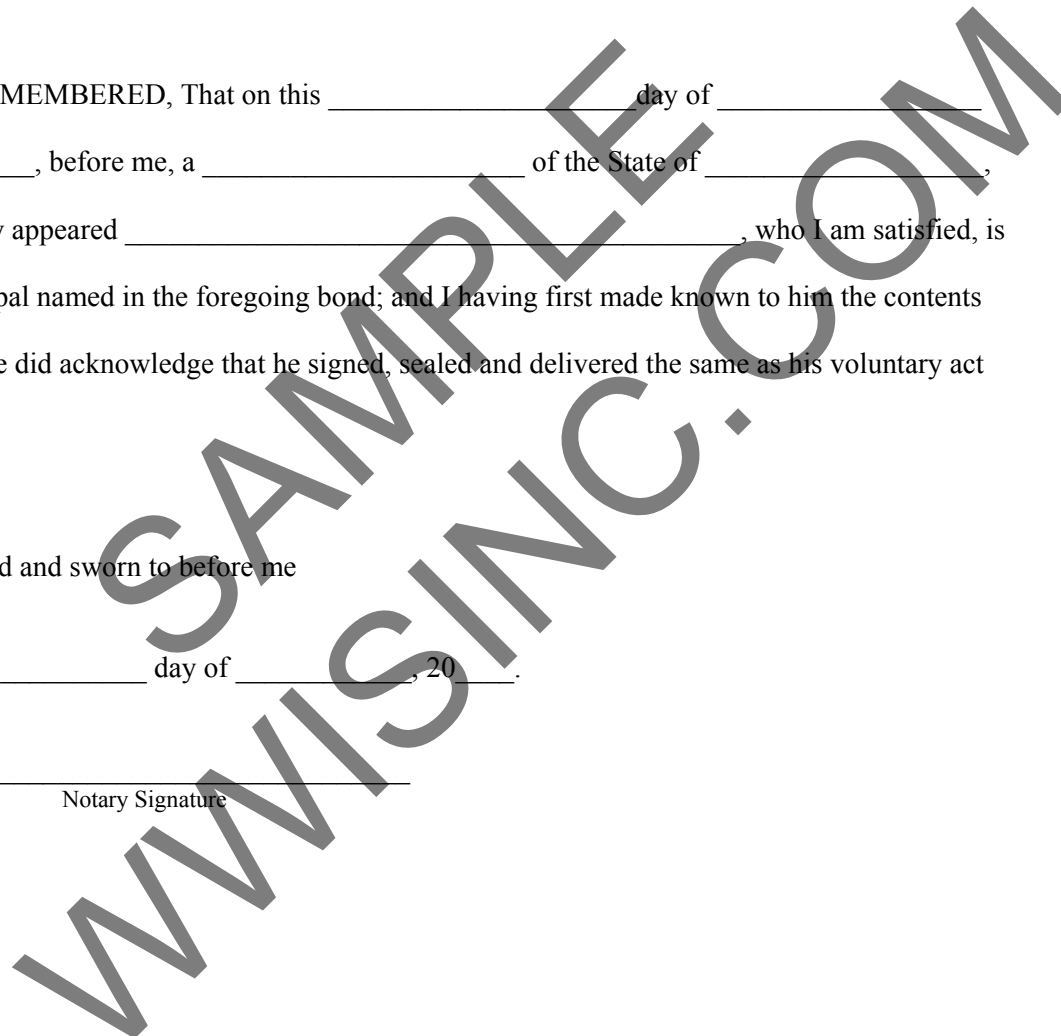
STATE OF NEW JERSEY }
 } s.s.
COUNTY OF _____ }

BE IT REMEMBERED, That on this _____ day of _____
A.D. 20____, before me, a _____ of the State of _____,
personally appeared _____, who I am satisfied, is
the principal named in the foregoing bond; and I having first made known to him the contents
thereof, he did acknowledge that he signed, sealed and delivered the same as his voluntary act
and deed.

Subscribed and sworn to before me

This _____ day of _____, 20____.

Notary Signature



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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ 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

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL 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 for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
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