NEW JERSEY MOTOR FUELS TAX BOND

UNDER SUBTITLE S. OF TITLE 54, TAXATION, OF THE REVISED STATUTES (N.J.S.A. 54:39.1 OF SEQ.)

BONDING COMPANY REFERENCE

KNOW ALL MEN BY THESE F	ODESENTS THAT WE (I)
AND T/A	, a corporation/individual partnership in the Stat
ofhaving its principal of	office at and
authorized to do business in the State of N	ew Jersey with its principal office in this State at
Principal, and	a corporation organized and exist
under the laws of the State of	, a corporation organized and exist having its principal office at
and being du	lly authorized to do business in the State of New Jersey with its, and its agent in charge thereof being
	as Surety are held and firmly bound unto the
executors, administrators, successors and a	all and truly to be made, we bind ourselves, and each of our her assigns, jointly and severally, firmly by these presents for the(\$)Sealed with our seals and covering the period from to
Dated the day of	and covering the period fromt
the date the license, for which this bond is	filed, is suspended or revoked for cause or otherwise cancelled and discharged as to future liability pursuant to applicable la
Taxation, of the Revised Statutes, and shall	
Principal	(Witness as to Principal)
Surety	(Witness as to Surety)
, Attorne	ey-In-Fact
Bond forms change;	this is for educational purposes only.

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:			AGENCY CONTA	CT	
AGENCY PHONE:		AGENCY FAX:E-MAIL:			
AGENCY ADDRESS:(Street)					
CURRENT OR EXPIRING QUOTE WE AR	E LOOKING TO REAT	7	(City)	(State)	(Zip)
NAME OF PREVIOUS SURETY COMPAN					
SECTION I: BOND APPLIED FOR:					
TYPE OF BOND:		EFF.DATE:	EXP.DA	TE:	
TYPE OF COMPANY CORP ☐ LLC ☐	DBA 🗌 PARTNE				
OBLIGEE:					
OBLIGEE ADDRESS:					
SECTION II: GENERAL INFORMATION		(City)	(State)		(Zip)
APPLICANT'S NAME:		SPOUSE NAME			
SS#: SPC	DUSE SS#	_ Н	OME PHONE:		
RESIDENTIAL ADDRESS:		_			
(Street)		(City)	(State)		(Zip)
BUSINESS NAME:					
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:					
(Street)			(State)		(Zip)
DATE BUSINESS BEGAN UNDER CURREN	IT NAME:		BUSINESS TAX ID:		
HAS ANY COMPANY REFUSED TO ISSUE			LIENS, CLAIMS, OR JUDG	EMENTS	YES NO
BONDS FOR ANY PURPOSE?		AGAINST YOU?			
HAS APPLICANT EVER FAILED IN BUSINE	SS? YES 🗌 NO 🗌	HAS APPLICANT EVI	ER FILED BANKRUPTCY?	?	YES NO
IF YES TO ANY	, PLEASE EXPLAIN ON	A SEPERATE SHEET	OF PAPER:		
			- C		
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	TNERS	SPOUSE NAME			
	DUSE SS#	_ _ H	HOME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)	(State)		(Zip)
	MENT OF ASSETS &				
ASSETS		LIABILITI			
CASH ON HAND	\$	NOTES PAYABLE		\$	
CASH ON HAND STOCKS & BONDS	\$	NOTES PAYABLE TO OTHERS 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) \$			
	*			\$	
TOTAL ASSETS	\$	TOTAL LIABILITI	ES	\$	
		NET WORTH		\$	
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OW	NERSHIP	

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