

**BOND AND SURETY**

KNOW ALL MEN BY THESE PRESENTS, that we, **(Name of Agent)** \_\_\_\_\_, and **(Name of Surety)** \_\_\_\_\_, a corporation duly incorporated and existing under the laws of the State of \_\_\_\_\_, ("Surety"), are held and firmly bound unto MERCHANTS EXPRESS MONEY ORDER COMPANY, INC. d/b/a MEMO, MEMO MONEY ORDER COMPANY, INC. d/b/a MEMO, MERCHANTS EXPRESS USA, INC. d/b/a MEMO, Pennsylvania Corporations, or MEMO MONEY ORDER COMPANY OF NEW YORK, INC., d/b/a MEMO, a New York Corporation ("MEMO"), in the full and just sum of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), current money of the United States of America, to be paid to the said MEMO, to the payment whereof we hereby bind ourselves and each of us, and each of our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents, sealed and dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

WHEREAS, pursuant to that certain Personal Money Order Trust Agreement, Bill Pay Trust Agreement and/or Pre Paid Merchant Agreement (the "Trust Agreement(s)"), MEMO has appointed and contracted with Principal to be MEMO's agent and fiduciary for the sale of personal money orders to customers, bill payment services and/or pre paid products; and

WHEREAS, MEMO entered into said Trust Agreement with Principal upon the condition that Principal and Surety enter into bond in the amount of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), conditioned among other things that Principal shall abide by, comply with and fully perform its duties and obligations under the said Trust Agreement, including without limitation payment unto MEMO of all money order sale proceeds plus fees charged to customers.

NOW, THEREFORE, the condition of this obligation is that if the above bound Principal shall well and truly abide by, comply with and fully perform its duties and obligations under the Trust Agreement as aforesaid, then this obligation shall be void; otherwise, it shall remain in full effect and virtue in law.

This Bond shall be automatically extended for additional periods of one year from the present or each future expiration date unless we have notified you in writing, not less than sixty (60) days before such date, that we elect not to renew this Bond. At which time the Surety shall, at the expiration of the said sixty (60) days, cease and determine, except as to such liability of the Principal on account of a breach of the Trust Agreement as may have occurred prior to the expiration of said sixty days, it being understood that the Surety shall be liable, within the sum mentioned herein, for the default of the Principal in fully discharging any liability on its part accruing during the life of this obligation.

IN WITNESS WHEREOF, the said Principal has caused these presents to be executed by the signature of its President, and its corporate seal affixed hereto and attested by its Secretary, and the said Surety has likewise caused these presents to be executed by the signature of its \_\_\_\_\_, and has caused its corporate name and seal to be hereunto affixed, the same to be attested by the signature of \_\_\_\_\_, its \_\_\_\_\_.

**PRINCIPAL:**

\_\_\_\_\_  
(NAME OF AGENT)

Attest: \_\_\_\_\_  
Secretary

By : \_\_\_\_\_  
President

**SURETY:**

\_\_\_\_\_  
(CORPORATE NAME)

Attest: \_\_\_\_\_

By : \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

## 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 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 ☐

### 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**  
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**Phoenix, AZ 85015**

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