

**STATE OF OKLAHOMA  
DEPARTMENT OF CONSUMER CREDIT  
HEALTH SPA REGISTRATION BOND**

KNOW ALL MEN BY THESE PRESENT THAT \_\_\_\_\_,  
(NAME OR PRINCIPAL/BUSINESS)  
\_\_\_\_\_ of \_\_\_\_\_,  
(Street Address) (City, State & Zip)  
in the County of \_\_\_\_\_, State of \_\_\_\_\_,  
as Principal, and \_\_\_\_\_,  
(Surety Company)

a corporation duly organized and existing under the laws of \_\_\_\_\_, and being duly qualified to transact business in the State of Oklahoma, as Surety, are holden and stand firmly bound unto the Administrator of the Department of Consumer Credit of the State of Oklahoma, for the use of the State and any person or persons who may have a cause of action against the obligor of this bond under the provisions of OKLAHOMA HEALTH SPA ACT, in the just sum of \_\_\_\_\_ THOUSAND DOLLARS (\$ \_\_\_\_\_) to be paid to the said Administrator as aforesaid, or his successor in office, to which payment will and truly be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors and assign, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if said \_\_\_\_\_,  
(Principal)  
its/his officers, agents or employees shall faithfully observe and comply with all of the provisions of the aforesaid statute, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until cancelled; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Administrator for a period of THIRTY (30) DAYS prior to the date fixed in said notice of cancellation.

IN WITNESS WHEREOF we have hereunto set our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_ of the year 20\_\_\_\_\_.

\_\_\_\_\_  
(Applicant)

SEAL

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

\_\_\_\_\_  
(Surety)

Countersigned:

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

\_\_\_\_\_  
(Oklahoma Resident Agent)

Bond Number \_\_\_\_\_

**Do Not Write Below This Line**

Approved this \_\_\_\_\_ day of \_\_\_\_\_ of the year 20\_\_\_\_\_.

\_\_\_\_\_  
(Administrator's Signature)

Bond forms change; this is for educational purposes only.

# INTEGRITY 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: \_\_\_\_\_ EFF.DATE: \_\_\_\_\_ EXP.DATE: \_\_\_\_\_  
 TYPE OF COMPANY CORP  LLC  DBA  PARTNERSHIP  AMOUNT: \_\_\_\_\_  
 OBLIGEE: \_\_\_\_\_

OBLIGEE ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**SECTION II: GENERAL INFORMATION**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

BUSINESS NAME: \_\_\_\_\_

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? 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

**IF YES TO ANY, PLEASE EXPLAIN ON A SEPERATE SHEET OF PAPER:**

**SECTION III: ADDITIONAL OWNERS / PARTNERS**

APPLICANT'S NAME: \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_  
 SS#: \_\_\_\_\_ SPOUSE SS# \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 RESIDENTIAL ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**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	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>NAME OF OWNERS</b>		<b>NAME &amp; TITLE OF OFFICERS</b>	<b>PERCENTAGE OF OWNERSHIP</b>

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**

**E-Mail [info@integritybonds.com](mailto:info@integritybonds.com)**

**Fax: (602) 674-8235**