

**STATE OF OKLAHOMA**  
**SUPERVISED LENDER LICENSE 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, is 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  
**Title 14A, Oklahoma Statutes, Section 3-503(3)**, 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 \_\_\_\_\_.

**SEAL**

By: \_\_\_\_\_ (Applicant)

By: \_\_\_\_\_ (Surety)

**Countersigned:**

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

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

**Do Not Write Below This Line**

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

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

STATE OF OKLAHOMA  
DEPARTMENT OF CONSUMER CREDIT

**APPOINTMENT OF RESIDENT AGENT AND CONSENT TO SERVICE**

**\*TO BE COMPLETED BY ALL APPLICANTS \***

The undersigned \_\_\_\_\_ being  
(Name of Applicant/Business)

an applicant for or holder of an **Oklahoma Supervised Lender License** under the provisions of **Title 14A O.S. Section 3-503(2)**, does hereby appoint:

\_\_\_\_\_  
(Name in Full)

of \_\_\_\_\_  
(Resident Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

a resident of the State of Oklahoma and County of \_\_\_\_\_ as  
agent upon whom may be served all judicial and other process or legal notice directed to this applicant; and in the case of the death, removal from the  
state, or any legal disability or disqualification of such agent, service of all such judicial and other processes of legal notice may be made upon the  
Administrator of the Department of Consumer Credit, State of Oklahoma.

**IN WITNESS WHEREOF**, the above named applicant has caused this instrument to be signed this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

**NOTE:** This consent must be signed by the proper officers, duly authorized by resolution of the Board of Directors and a copy of the said resolution duly  
executed should be attached hereto.

\_\_\_\_\_  
Name of Applicant/Business

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant - If needed

\_\_\_\_\_  
Signature of Applicant - If needed

\_\_\_\_\_  
Signature of Applicant - If needed

**CORPORATE SEAL**

# 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 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 ☐

**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>TOTAL LIABILITIES</b>         | \$                             |
|                              |                                     | <b>NET WORTH</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**

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**Toll Free: (866) 420-2613**

**Local (480) 626-8916**

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