

STATE OF OKLAHOMA
TAXPAYER ASSISTANCE DIVISION - OKLAHOMA TAX COMMISSION
UNSTAMPED TOBACCO PRODUCTS TAX BOND
(SURETY BOND FORM)

Know All Men By These Presents: FEI/SSN: _____ Bond Number _____

That I, we, or either of us, _____
(If partnership, names of all partners)

doing business under the name of _____

with the principal place of business at _____

as PRINCIPAL and _____, a corporation

duly incorporated under the laws of _____ and authorized to transact business within the State of Oklahoma, as Surety, are all held and firmly bound unto the State of Oklahoma, and to the Oklahoma Tax Commission, as the official collector of the unstamped tobacco products tax levied by the laws of the State of Oklahoma, in the sum of

_____ Dollars, (\$ _____) for the payment of which, well and truly to be made, the said Principal and Surety bind themselves, their successors, heirs and assigns jointly and severally by these presents;

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH, that,

WHEREAS, The said Principal is a wholesaler, jobber, retailer or consumer, as defined by the laws of the State of Oklahoma relating to the sale, use, exchange or possession of unstamped tobacco products, who has purchased or allowed to come into his possession unstamped tobacco products.

NOW THEREFORE, If the said Principal shall, while this bond is in force and effect, beginning at noon, Central Standard Time, on the _____ day of _____, _____, make and file with the Oklahoma Tax Commission, the reports, invoices and details of transactions and operations in cigarettes required by law, and by the rules and regulations of the Oklahoma Tax Commission, and shall well and truly pay, or cause to be paid, any and all cigarette stamp taxes, and penalties and interest thereon, due the State of Oklahoma, (the amount due to be ascertained by the Oklahoma Tax Commission, whose finding shall be final and conclusive in any action upon said bond to enforce liability thereunder), then this obligation shall be null and void; otherwise, to remain in full force and effect.

This bond is a continuing bond, and may be terminated and Surety released from any and all liability to the State of Oklahoma accruing on such bond after the expiration of thirty days from the date upon which Surety shall have filed with the Oklahoma Tax Commission a written request to be released and discharged, but this provision shall not operate to relieve, release or discharge the Surety from any liability already accrued, or which shall accrue before the expiration of the thirty day period. The written request of the Surety to be released and discharged hereunder shall be given by certified mail to the Director of the Taxpayer Assistance Division, Oklahoma Tax Commission, PO Box 53374, Oklahoma City, Oklahoma 73152-3374.

BY EXECUTION OF THIS BOND, PRINCIPAL SPECIFICALLY AUTHORIZES THE OKLAHOMA TAX COMMISSION TO FURNISH ANY AND ALL AUDIT PAPERS TO THE SURETY AS MAY BE DEEMED NECESSARY BY THE OKLAHOMA TAX COMMISSION TO SUPPORT ANY CLAIM HEREUNDER.

IN TESTIMONY WHEREOF, the said Principal has executed this bond, if a corporation, by causing this bond to be signed by its president and attested by its secretary, with its corporate seal affixed, or if a partnership, all partners have signed as Principals; and the said Surety has executed this bond or caused same to be executed by its attorney in fact, with its corporate seal hereunto affixed.

Signed and sealed this _____ day of _____, _____.

(CORPORATE SEAL OF PRINCIPAL)

ATTEST:

Secretary

(CORPORATE SEAL OF SURETY)

ATTEST:

Secretary

Principal

President

Surety

By _____
Attorney-in-Fact

Countersigned _____
Oklahoma Resident Agent

Registered, This _____ day of _____, _____.

Oklahoma Tax Commission

By _____

Director, Taxpayer Assistance Division

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	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS		PERCENTAGE OF OWNERSHIP

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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