



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF MOTOR FUEL TAXES
PO BOX 280645
HARRISBURG, PA 17128-0645

INSTRUCTIONS FOR COMPLETING LIQUID FUELS AND FUELS TAX BOND

Liquid Fuels Tax and Fuels Bond - REV-1559

PLEASE, Read these instructions before providing the information requested.
GENERAL INFORMATION:

Items 7 & 8 - We have set the bond amount either on the basis of information received from the applicant or, if there is insufficient information, at an average figure, which will be adjusted if necessary.

Item 9 - We have dated the bond as of the first of this month, so that if approved, the license can be established immediately.

TO BE COMPLETED BY APPLICANT

(1) The name on the bond must be identical to the name on the application. If you are doing business under a fictitious name, please show the legal name, followed by D/B/A, followed by the fictitious name.

(2) Please give the full address of the principal place of business.

(11) If you represent a corporation, please show on the reverse side the corporation name as it appears on the corporate charter.

Directly below the corporate name, the corporation's president must sign the form in ink. The signature must be handwritten, facsimiles will **not** be accepted. The corporation's secretary must sign to attest to the president's signature. The social security number of both the president and secretary must be entered in the space provided.

(12) If you are an individual or a member of a partnership or an association, please sign the form and enter your title and social security number in the space(s) provided. The signature must be handwritten. Facsimiles will **not** be accepted.

(13) Each signature must be witnessed in the area designated.

TO BE COMPLETED BY SURETY

Show bond number in area designated at upper right-hand corner on the face of the bond.

(3) Fill in the name of the surety company.

(4) If the surety company is a corporation, the state of incorporation must be furnished in the space provided.

(5) & (6) Show the street, number, city, and state of the office for execution of this bond.

(10) Show the date of the contract between applicant and surety.

(14) The name of the surety company must be shown on the line provided.

The bond must be signed by an agent (attorney-in-fact) of the surety company whose authority to execute on its behalf is supported by a current valid Power of Attorney, a copy of which is to be attached to the bond form. The social security number of the agent (attorney-in-fact), must be provided.

The corporate seal of the bonding company must be affixed to the bond in this area.



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LIQUID FUELS AND FUELS TAX BOND

TO BE COMPLETED BY
SURETY COMPANY

BOND # _____

KNOW ALL MEN BY THESE PRESENTS that, as principal

(NAME OF DISTRIBUTOR) (LEGAL NAME - D/B/A)

OF (2) _____

POST OFFICE BOX STREET AND NUMBER CITY COUNTY STATE ZIP CODE

and (3) _____

(NAME OF SURETY)

a corporation organized under the laws of (4) _____ and
duly authorized to engage in business in the Commonwealth of Pennsylvania, with its office for execution of
this bond located at (5) _____

in the City of (6) _____, State of _____

as SURETY are held and firmly bound unto the Commonwealth of Pennsylvania in the sum of

(7) _____ dollars

(8) \$ _____ lawful money of the United States of America, to be paid to the said Commonwealth of
Pennsylvania, to which payment well and truly to be made, we bind ourselves and each of us, our and each of
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

(9) This bond to be effective as of _____ A.D.

(MONTH DAY YEAR)

WHEREAS, the above bounden PRINCIPAL has applied for a permit to engage in business as a
Distributor of Liquid Fuels and/or Fuels under the provisions of the Liquid Fuels and Fuels Tax Act of the
Commonwealth of Pennsylvania, Act No. 3 of April 17, 1997 (the "Act"); and

WHEREAS, this bond is filed with Department of Revenue, Commonwealth of Pennsylvania, to enable
said PRINCIPAL to obtain from the Department, under Section 9003 of the Vehicle Code (75Pa. C.S. §9003),
a permit to expire the 31st day of May, 2012.

NOW, therefore, the condition of this obligation is such that if the above bounden PRINCIPAL shall faithfully comply with
the provisions of the Act until the expiration date of the permit in connection with which this bond is being filed, unless before that
date the SURETY shall be released and discharged in the manner and to the extent prescribed by the Act, then this obligation shall be
void, otherwise it shall be and remain in full force and virtue.

AND, in the event that the above bounden PRINCIPAL shall from and after the effective date of the permit aforesaid, fail in
any respect to faithfully comply with the provisions of the Act aforesaid, we do hereby empower the Attorney General of the
Commonwealth of Pennsylvania or any attorney of any Court of Record within the Commonwealth of Pennsylvania or elsewhere, to
appear for and enter judgment against us or either of us, our or either of our heirs, executors, administrators, successors or assigns, for
all unpaid tax, interest, penalty, fines and costs of collection up to the above sum, release of all errors and without stay of execution.
And we waive the right of inquisition on any real estate which may be levied upon to collect the above sum, and we do hereby
voluntarily condemn the same and authorize the prothonotary to enter upon the fieri facias of said voluntary condemnation. And we
further agree that said real estate may be sold on a fieri facias, and hereby waive and release all relief from any and all appraisement,
stay or exemption laws of any state now in force or hereafter to be passed. And for the entering of such judgment this shall be the
sufficient warrant for any such attorney, and a copy of this Bond and Warrant being filed in said action, it shall not be necessary to file
the original as a warrant of attorney, any law or rule of court to the contrary notwithstanding.

(10) Signed, sealed and delivered this _____ day of _____
A.D. 20_____.

In Witness whereof this instrument has been duly executed by the above-named principal and surety the day and year above written.

(11) INCORPORATED DISTRIBUTOR: SIGN BELOW

ATTEST

_____ CORPORATE NAME

By _____

Secretary Social Security Number President Social Security Number

(12) INDIVIDUAL, PARTNERSHIP AND ASSOCIATION DISTRIBUTOR: SIGN BELOW

Name Title Social Security Number

Name Title Social Security Number

Name Title Social Security Number

(13) WITNESSES: SIGN BELOW:

NAME

NAME

(14) SURETY COMPLETE BELOW

Name of Surety

Attorney-In-Fact (SIGN BELOW)

Social Security Number

ATTEST:

Secretary

(Corporate Seal)

DO NOT WRITE IN THE SPACE

DEPARTMENT OF REVENUE

Accepted this _____ day _____ A. D. 20_____

By _____
(Authorized Signature)

I hereby certify on this date _____ that the company acting as surety on the within bond is licensed to do a surety business in Pennsylvania and that the agent whose name appears hereon is a licensed resident agent approved by the Insurance Department of the Commonwealth of Pennsylvania.

For Insurance Commissioner

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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Local (480) 626-8916

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