

CONTINUOUS BOND OF SELLER (SALES TAX)

(To be completed by surety company for security required by law.)

Bond number (For Surety company use)		Bond amount
Name of Principal (Legal entity name only)		Federal employer's identification number or Social Security number
Name of Surety company (Duly authorized to do business as a surety company in the State of Texas)		
Surety company mailing address (For billing purposes)		Federal employer's identification number of Surety company

We, the PRINCIPAL and SURETY named above and our heirs, executors, successors and assigns, jointly and severally, are liable to the STATE of TEXAS for the amount of bond shown, payable at Austin, Travis County, Texas.

This bond is required by law because the PRINCIPAL has been issued or has applied for a permit to engage in business as a seller and the Comptroller of Public Accounts has demanded security.

If the bonded PRINCIPAL complies with all the provisions of the statutes relating to transactions occurring on or after _____, 20 _____; pays all taxes including interest, penalties and costs accruing against the PRINCIPAL, to the State of Texas through the Comptroller of Public Accounts at Austin, Texas; and completely meets all of the conditions and requirements of the statutes in the manner and in the time provided, then this obligation shall be null and void. Otherwise, it remains in full force and effect.

The SURETY may be relieved from further liability by giving the Comptroller of Public Accounts 30 days written notice of its withdrawal as surety on this bond. The SURETY will not be relieved of liability for transactions that occurred before the effective date of the termination of liability. No recovery on this bond, the execution of any new bond, or the renewal of a permit will invalidate this or any other bond given to the Comptroller of Public Accounts.

The Comptroller of Public Accounts may demand additional bond as provided by law, but this demand will not affect the validity of this or any other bond given by the PRINCIPAL.

If the PRINCIPAL fails to comply with the conditions and obligations of this bond and/or the requirements of the law, then the State of Texas, the cities, the transit authorities/departments, counties, and/or special purpose districts have the right to sue on and enforce the obligations of this bond without first resorting to or exhausting their remedies against the property and assets of the PRINCIPAL or without making the PRINCIPAL a party to the suit. Venue for such action will be in Travis County, Texas.

This bond will be continuous in form from the effective date and will be automatically extended from calendar year to calendar year and will constitute a new and separate obligation, in the amount specified, for each calendar year while the bond is in force.

Signed this _____ day of _____, _____, by the PRINCIPAL or PRINCIPALS or by the authorized corporate officers and the corporate seal affixed.

PRINCIPAL authorized name	Title
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(PRINCIPAL corporate seal)

sign here

PRINCIPAL authorized name	Title
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sign here

Signed this _____ day of _____, 19 _____, by the SURETY'S duly authorized officer and the corporate seal affixed.

SURETY authorized name	Title
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(SURETY corporate seal)

sign here

(Legal citations: TEX. TAX CODE ANN. chs. 151, 321, 322 and 323)

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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