

Texas Continuous Bond for International Fuel Tax Agreement License

• Please read instructions.

• Type or print.

• Do not write in shaded areas.

| | | | |
|---|---|---|---|
| 1. Applicant name <input style="width:95%;" type="text"/> | 2. FEI or Social Security number <input style="width:95%;" type="text"/> | | |
| 3. Mailing address (P.O. Box or street number) <input style="width:95%;" type="text"/> | | | |
| City <input style="width:95%;" type="text"/> | State <input style="width:95%;" type="text"/> | ZIP code <input style="width:95%;" type="text"/> | County <input style="width:95%;" type="text"/> |

Surety/Security Information

| | | | |
|--|--|--|---|
| 4. Legal name of surety company <input style="width:95%;" type="text"/> | | | |
| 5. Mailing address of surety company <input style="width:95%;" type="text"/> | | | |
| City <input style="width:95%;" type="text"/> | State <input style="width:95%;" type="text"/> | ZIP code <input style="width:95%;" type="text"/> | County <input style="width:95%;" type="text"/> |
| 6. Surety company FEI number <input style="width:95%;" type="text"/> | | | |
| 7. Does surety company have a taxpayer number for reporting any Texas tax OR a Texas vendor identification number? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," enter number <input style="width:95%;" type="text"/> | | | |
| 8. Bond beginning effective date <input style="width:95%;" type="text"/> | Bond number <input style="width:95%;" type="text"/> | Bond amount (See instructions.) <input style="width:95%;" type="text"/> | |

9. BOND CONDITIONS

KNOW ALL MEN BY THESE PRESENTS:

That the applicant as principal and the named bonding company as SURETY, duly authorized and qualified to do business as a surety company in the state of Texas, are held and firmly bound to the State of Texas in the sum of payable at Austin, Texas, and for the payment of which we bind ourselves, our heirs, executors, and assigns, jointly and severally.

This bond is conditioned upon the principal being issued or having applied for a license pursuant to the provisions of the International Fuel Tax Agreement (the Agreement).

If principal complies with the provisions of the Agreement and pays to the State of Texas, through the Comptroller of Public Accounts, at Austin, Texas, all taxes including penalty, interest and costs accruing under the Agreement, this obligation shall be null and void. Otherwise, it remains in full force and effect.

This bond shall be continuous in form from the effective date and shall be automatically extended from calendar year to calendar year. It shall constitute a new and separate obligation, in the amount of the sum named herein, for each calendar year while the bond is in force.

This bond is not invalidated by recovery on this bond, the execution of any new bonds, or the renewal of a license. In addition, this bond shall not be invalidated by the revocation, renewal, or issuance of a license, but a new bond may be demanded if a new license is issued or renewed. The State of Texas shall have the right to sue on and otherwise enforce the obligations of this bond without exhausting its remedies against principal's property or assets, and principal need not be a party to such suit.

10. In witness whereof we have set our hands and seal the day of , .

SEAL

sign here ▶

SURETY

11. sign here ▶

Principal or authorized agent

Title

Instructions for Completing Texas Continuous Bond for International Fuel Tax Agreement License

Who May Complete This Form —

Any International Fuel Tax Agreement license holder who is required to post a bond to guarantee the payment of fuel taxes may complete and submit this bond.

Bonding Requirements —

bonds are not generally required of first-time applicants. A bond may be required, however, if an IFTA licensee has a history of not filing tax returns on time, not remitting tax due or other problems to indicate that a bond is required to protect the interests of all member jurisdictions and the state of Texas. The Texas State Comptroller will determine the required bond amount.

Who to Contact for Assistance —

For assistance with any Fuels Tax question, please contact the Texas state comptroller's office at 1-800-252-1383 or 512-463-4600.

General Instructions —

- Please write only in white areas.
- Complete each item carefully.
- when entering a federal employer identification number or Social Security number, do not enter dashes.

Specific Instructions —

Item 7 - If the surety company has both a Texas taxpayer number and a Texas vendor identification number, enter only the vendor identification number. Use only the first eleven digits of the number.

Item 10 - The bond form must be dated and signed by an authorized agent of the surety company.

Item 11 - This bond form must be signed by the principal or authorized agent to be effective. The authorized agent must also attach a power of attorney.

Mail the completed bond to:

Comptroller of Public Accounts
111 E. 17th St.
austin, Tx 78774-0100

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: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ 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

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL 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 for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM