

VEHICLE MANUFACTURERS LICENSE BOND

Bond Number				
KNOW ALL MEN BY THESE BRESENTS: That we				
KNOW ALL MEN BY THESE PRESENTS: That we				
	of			
	. 01			
as Principal and		a corporation		
organized and existing under the laws of the State ofauthorized to transact surety business in the State	of Washington, as Sui	rety, are held and firmly bound		
unto the State of Washington in the penal sum of				
THOUSAND DOLLARS (\$,000.00), lawful mone well and truly to be made, we bind ourselves, our heirs, executo firmly by these presents.				
Sealed with our seals and dated this day of ,		Year		
THE CONDITION OF THE ABOVE OBLIGATION IS SUC obtain a license to engage in or continue in the business of ve 46.70 RCW and is required pursuant to the provisions of said	hicle manufacturer, in accor			
laws to furnish a bond in the penal sum of				
THOUSAND DOLLARS (\$, ,000.00), conditioned	as required by law:			
Now, Therefore, if the above bounden principal shall faithfu (it) (him) by Chapter 46.70 RCW, then the above obligations				
THIS OBLIGATION is applicable to the license period com and shall continue in full force and effect until terminated by thir of Licensing of the State of Washington in writing by the sure	rty (30) days written notice of	f cancellation delivered to the Directo		
NAME OF AGENCY		PRINCIPAL		
ADDRESSOFAGENCY	Ву			
		DATE		
COUNTERSIGNED	-	SURETY		
Washington Resident Agent	Ву			
3.1				
		DATE		

PREPARE IN TRIPLICATE. Forward ORIGINAL to Department of Licensing. Form approved by State Attorney General.

 ${\tt DUPLICATE--Bonding\ Company's\ Copy}.$

TRIPLICATE — Dealer's Copy.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.

INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		AGENCY CONTACT				
AGENCY PHONE:	AGENCY					
AGENCY ADDRESS:(Street)						
CURRENT OR EXPIRING QUOTE WE AR	E LOOKING TO REAT	7	(City)	(State)	(Zip)	
NAME OF PREVIOUS SURETY COMPAN						
SECTION I: BOND APPLIED FOR:						
TYPE OF BOND:		EFF.DATE:	EXP.DA	TE:		
TYPE OF COMPANY CORP ☐ LLC ☐	DBA 🗌 PARTNE					
OBLIGEE:						
OBLIGEE ADDRESS:						
SECTION II: GENERAL INFORMATION		(City)	(State)		(Zip)	
APPLICANT'S NAME:		SPOUSE NAME				
SS#: SPC	DUSE SS#	_ Н	OME PHONE:			
RESIDENTIAL ADDRESS:		_				
(Street)		(City)	(State)		(Zip)	
BUSINESS NAME:						
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail			
BUSINESS ADDRESS:						
(Street)			(State)		(Zip)	
DATE BUSINESS BEGAN UNDER CURREN	IT NAME:		BUSINESS TAX ID:			
HAS ANY COMPANY REFUSED TO ISSUE			LIENS, CLAIMS, OR JUDG	EMENTS	YES NO	
BONDS FOR ANY PURPOSE?		AGAINST YOU?				
HAS APPLICANT EVER FAILED IN BUSINE	SS? YES 🗌 NO 🗌	HAS APPLICANT EVI	ER FILED BANKRUPTCY?	?	YES NO	
IF YES TO ANY	, PLEASE EXPLAIN ON	A SEPERATE SHEET	OF PAPER:			
			- C			
SECTION III: ADDITIONAL OWNERS / PAR APPLICANT'S NAME:	TNERS	SPOUSE NAME				
	DUSE SS#	HOME PHONE:				
RESIDENTIAL ADDRESS:						
(Street)		(City)	(State)		(Zip)	
	MENT OF ASSETS &					
ASSETS		LIABILITI				
CASH ON HAND	\$	NOTES PAYABLE		\$		
CASH ON HAND STOCKS & BONDS	\$	NOTES PAYABLE TO OTHERS 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 COR		\$		
	*	SURPLUS & UNDIVIDED PROFITS \$				
TOTAL ASSETS	\$	TOTAL LIABILITI	¥			
		NET WORTH		\$		
NAME OF OWNERS	NAME & TITLE	OF OFFICERS	PERCENTAGE OF OW	NERSHIP		

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 Toll Free: (866) 420-2613

Local (480) 626-8916 Fax: (602) 674-8235

E-Mail info@integritybonds.com