## **ILLINOIS COMMUNITY CURRENCY EXCHANGE**

## **SURETY BOND**

KNOW ALL MEN BY THESE PRESENTS, That			
(Name and Add	dress of Curre	ncy Exchange)	
of the City of	, County	of	
State of Illinois, as principal, and	1		
(IN	iaille di duiet	Y /	
of the City of	Count	y or	tions of the
of the City of  State of, as surety, are held, a State of Illinois, for the benefit of any creditor of such c exchange on any money orders issued or sold by the c exchange for any sum or sums due to any payee or en exchange for collection, and for any liability incurred by the services referred to in Section 3, of an act entitled ' community currency exchanges and ambulatory currer amended) for the twelve month period ending April 30,  (\$) for the payment of which, well and truly to	currency excha dorsee of any the currency 'An Act in rela acy exchanges 20	ange and for any liability incurred by the check, draft or money order left with the exchange in connection with the renderation to the definition, licensing and regis, and the operators and employees the in the penal sum of	e currency he currency ering of any of ulation of
executors, administrators, successors and assigns, join	nuy and sever	ally, limity by these presents.	) `
Witness our hands and seals this da	y of	, A.D., 20	
The condition of the above obligation is such that wher exchange license for the term ending December 31, 20 Exchange" as is provided by law under  "An Act in relation to the definition, licensing and recurrency exchanges, and the operators and employ penalties and remedies for the violation thereof." (A	o to trans gulation of cor rees thereof, a	nmunity currency exchanges and amb	rency ulatory and to provide
Now, if the principal shall, upon issuance of the license the conduct of the business specified in said Act, during to be void; otherwise, to remain in full force and effect.	g the period for		
It is further expressly provided that suit may be brought of the Director of Financial Institutions.	t in any Court	of competent jurisdiction upon this bor	nd, in the name
			<b>(2-11)</b>
CORPORATE	_	Dain aire al	(SEAL)
CORPORATE SEAL	Dv	Principal	(SEAL)
ATTEST:	Ву _		(SEAL)
ATTEST	Ву _		(SEAL)
Secretary	_	Surety	<del> </del>
coolouily		30.00,	(SEAL)
	Ву _		(SEAL)
CODDODATE		Attorney in Fact	
CORPORATE SEAL	_		<del></del>
ULAL		Address of Surety	
			<del></del>

STATE OF ILLINOIS.	)		
County of	) )		
I,a Notary Public in and	for the county and state afores	aid, do hereby certify that	· · · · · · · · · · · · · · · · · · ·
	ged that they signed, sealed ar	ribed their names hereinabove, appeared had delivered said instrument as their free a	
In witness whereof I ha	ave hereunto subscribed my ha 20	nd and the seal of my office this	day of
My Commission expire	es		
		Notary Public	
CORPORATE SEAL			
Approved this	day of	A.D., 20	
		Director of Finance	ial Institutions
		C	, ,
NO			
	BOND		
Curren	cy Exchange Act		
	PRINCIPAL		
		_	
	SURETY		

## INTEGRITY SURETY BOND APPLICATION

AGENCY NAME:		AGENCY CONTACT			
AGENCY PHONE:	AGENCY	NCY FAX: E-MAIL:			
AGENCY ADDRESS:	<del></del>				
(Street)		_	(City)	(State)	(Zip)
CURRENT OR EXPIRING QUOTE WE A	RE LOOKING TO BEAT	?			
NAME OF PREVIOUS SURETY COMPA	NY WRITING THE BON	D?			
SECTION I: BOND APPLIED FOR: TYPE OF BOND:		EFF.D	ATE:	EXP.DATE:	
TYPE OF COMPANY CORP LLC [		RSHIP 🗌	AMOUNT:		
OBLIGEE:					
OBLIGEE ADDRESS:					
SECTION II: GENERAL INFORMATION APPLICANT'S NAME:		(City) SPOUSE NAM	IE	(State)	(Zip)
SS#: SF	POUSE SS#	_	HOME PHONE:		
RESIDENTIAL ADDRESS:					
(Street)		(City)		(State)	(Zip)
BUSINESS NAME:					
BUSINESS PHONE:	BUSINESS FAX:		Client E-mail		
BUSINESS ADDRESS:		(0")		(0) (1)	( <del></del> : )
DATE BUSINESS BEGAN UNDER CURRE	NT NAME:	(City)	BUSINESS	(State) ΓΔΧ ID:	(Zip)
HAS ANY COMPANY REFUSED TO ISSUI BONDS FOR ANY PURPOSE?	YES NO [		NY LIENS, CLAIMS, C		S YES   NO
		AGAINST YOU?		NUDTOVO	VES [] NO [
HAS APPLICANT EVER FAILED IN BUSIN				OPICY?	TES [] NO [
IF YES TO AN	Y, PLEASE EXPLAIN ON	A SEPERATE S	HEET OF PAPER:		
SECTION III: ADDITIONAL OWNERS / PA APPLICANT'S NAME:	RTNERS	SPOUSE NAM	IE		
	POUSE SS#				
			HOME PHONE: _		
RESIDENTIAL ADDRESS:(Street)		(City)		(State)	(Zip)
STAT	EMENT OF ASSETS &	LIABILITIES A	S OF		
ASSETS			SILITIES		
CASH IN BANK	\$	NOTES PAY	ABLE TO BANKS	\$	
CASH ON HAND	\$	NOTES PAY	ABLE TO OTHERS	\$	
STOCKS & BONDS	\$	ACCOUNTS		\$	
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE		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 \$			
TOTAL AGGLIG	***************************************	\$ IOTAL LIABILII		\$ \$	
				,	
NAME OF OWNERS	NAME & TITLE (	OF OFFICERS	PERCENTAGE	OF OWNERSHIP	•
T. Control of the Con			1		

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