A CONTRACT OF AN AND A CONTRACT A CONTRACT A CONTRACT A CONTRACT A CONTRACT A CONTRACT A CONT	BUSIN P. O. Box 327555	IA DEPARTMENT OF I IESS & LICENSE TAX DR TOBACCO TAX SECTION Montgomery, AL 36132-7555 O Consignmer	VISION 5 • (334) 242-9627	TOB: TCB 1/13
		er		
KNOW ALL MEN BY				
That				
		COMPANY NAME		,
of		COMPANY STREET ADDRESS		
CITY / STA	ITE / ZIP CODE	, as Principal, and	SURETY COMPANY	/
		iness in the State of Alabama		
State of Alabama in the	ne sum of	GROSS AMOUNT	OF BOND	Dollars,
		for the payment of which we nd assigns, jointly and severa		ind ourselves, our
Signed, sealed and da	ited this the da	y of	,	
ing said stamps to su ber shall give to the authorized to do busi	ch wholesalers or jobber Alabama Department of ness in the State of Alaba bber on or before the twe	ne-half (7-1/2) percent, instea s for cash, it may consign suc Revenue a good and suffici ama, conditioned to secure a fr entieth day of each month for	ch stamps if and when such vient bond executed by some ull and complete accounting a	wholesaler or job- Surety Company and remittance by
	· · · · · · · · · · · · · · · · · · ·	ons of said statutes, the Alaba ontract with the said	*	cting for the State
	of			mplete accounting
and remittance on or during the preceding	before the twentieth day month by said Principal	of each month for all stamps ; all of which will more fully , hereto attached and ma	purchased for use on taxable appear by reference to said c	e tobacco products consignment con-
NOW THEREFORE,	the condition of this oblig	gation is such that if said	0007000/01005	
	herein identified as	s Principal, shall faithfully per then this obligation is to be ve	rform and discharge all of the	
THIS BOND IS EXEC	UTED BY SAID SURETY	Y COMPANY UPON THE FC	LLOWING EXPRESSED CO	NDITIONS:
(1) Notice of loss, or	facts indicating loss, shal	ll be delivered to said Surety	Company at its home office i	in
		SURETY NAME		
		SURETY COMPLETE ADDRESS		or to its
duly constituted ager discovery by the Alak	nts within the City of bama Department of Rev	enue. CITY / STATE	, within thirty	(30) days of such

(2) The said Surety Company, in the event of loss, shall be subrogated to all claims or rights of the State of Alabama against said Principal to the extent of any amount paid by said Surety Company and the Alabama Department of Revenue shall execute any and all papers required by such Surety to effectuate this purpose.

THE LIABILITY OF THE SURETY HEREUNDER SHALL TERMINATE:

A. As to subsequent failure of said Principal to perform any obligation under said stamp consignment contract, when the Alabama Department of Revenue has given notice to the Surety of the cancellation of the contract hereto attached and herein identified.

B. As to subsequent breaches of the provisions of this bond or the terms of the said stamp consignment contract, hereto attached and herein identified, upon notice by the Alabama Department of Revenue to said Surety of any default hereunder.

C. Thirty (30) days after receipt by the Alabama Department of Revenue of written notice from the Surety of its desire to terminate liability .

D. Upon receipt of the written notice by the Surety from the Alabama Department of Revenue terminating the same.

IN WITNESS WHEREOF, we have set our hand	ds and seals, at	
		SURETY STREET ADDRESS
	this the	day of
CITY / STATE / ZIP CODE		day of, same as date on power of attorney,
		Principal
	BY	
IN THE PRESENCE OF:		Officer's Signature
Witness Signature		Type or Print Officer's Name and Title
Type or Print Witness Name		Surety Company
	BY	
		Agent of Surety Company
Witness Signature		Type or Print Agent's Name
	BY	
Type or Print Witness Name		Alabama Resident Agent
APPROVED:		Type or Print Agent's Name
Commissioner of Revenue		Type or Print Agent's License Number