

# CAREER COUNSELING SERVICE BONDS.COM

**2424 W. Missouri Avenue Building A, Suite #4 Phoenix, AZ 85015**

## APPLICATION FOR MISCELLANEOUS SURETY BOND

APPLICANT			
NAME:			
(MUST BE EXACTLY AS IT IS ON BOND) _____ SOLE PROPRIETOR _____ CORPORATION _____ PARTNERSHIP _____ LLC			
BUSINESS STREET ADDRESS:			
CITY	STATE	ZIP	
BUSINESS PHONE ( )	Fax ( )	Prior Bond Co.	
Name:	Title:	Spouse's name:	
Soc. Sec. No.	D.O.B. / /	Spouse's Soc. Sec. No.	
HOME STREET ADDRESS			
CITY	ST	ZIP	HOME PHONE
Value of Real Estate Owned \$	Amount of Mortgage \$	Amount Securities owned \$	

Has applicant ever; (a) had an application for a bond declined; (b) compromised with creditors; (c) defaulted on a contract; (d) defaulted on a contract forcing a Surety to suffer a loss; (e) experienced a bankruptcy; (f) been in receivership or been liened by a taxing authority? \_\_\_\_ Yes \_\_\_\_ No

<b>BOND REQUIRED</b>	
Type of bond:	
Amount:	Effective Date:
<b>To be filed with (Obligee)</b>	
Address:	
PLEASE ENCLOSE ANY ADDITION PERTINENT INFORMATION (I.E. BOND FORMS, APPLICABLE STATUTES AND PERMITS, COURT)	

<b>ADDITIONAL OWNERS OR PARTNERS AS REQUIRED</b>	
NAME:	SPOUSE'S NAME:
Soc. Sec. No.	Spouse's Soc. Sec. No.
Home Address:	Phone:( )

<b>BUSINESS INFORMATION</b>	
DATE BUSINESS ESTABLISHED:	
NAME & BRANCH OF BANK:	Bank Reference:
Account No:	Bank Balance: Line of Credit \$
Number of years experience in this field	

**All PREMIUMS ARE EARNED IN FULL**

**FOR MORE INFORMATION CALL**

Toll Free (800) 800-1219      Local (602)749-0702      Fax (602) 358-2300