

DES MOINES OFFICE
 2100 FLEUR DRIVE
 DES MOINES, IOWA 50321-1158
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AUSTIN OFFICE
 P.O. BOX 26720
 AUSTIN, TEXAS 78755-0720
 (512) 343-9033
 (800) 252-9656
 FAX (512) 343-8363

APPLICATION FOR \$25,000 TEXAS USED CAR DEALER BOND

Agency Name	Agent Name	Bond No.
Agency Address		Agency Code
Name of Applicant (as it will appear on license)		
DBA		
Lot Address		
Mailing Address (if different from lot address)		
Name of Owner, Partner or Officer		SSN #
Home Address		
Name of Owner, Partner or Officer		SSN #
Home Address		
Name of Owner, Partner or Officer		SSN #
Home Address		
Have you ever filed bankruptcy? (personal and/or business) Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you own real estate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been licensed as a Motor Vehicle Dealer for the past two consecutive years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, please enter your current dealer license number and dates:		
Dealer # P-	Effective Date	Expiration Date
Are you currently bonded as a Motor Vehicle Dealer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, Licensed name of dealership:		
Bonding Company:		
If Merchants' bond, provide bond #(s)		Are there any prior bond claims? Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTICE: In requesting a bond from Merchants Bonding Company (Mutual) you are hereby notified the Company may request a consumer credit report for all applicants for underwriting purposes.

INDEMNITY AGREEMENT

This Agreement entered into by and between the undersigned applicant or applicants and/or indemnitors, hereinafter called the undersigned, and Merchants Bonding Company (Mutual) of Des Moines, Iowa, hereinafter called the Company, witnesseth:

The undersigned Applicant and Indemnitors, hereby certify that the information contained in this application to be true and request the Company indicated above to become Surety for and furnish the above bond and such other bond(s) as may now or hereafter be requested on behalf of the named Applicant including any continuation, substitution, extension, or alteration, thereof, and hereby authorize banks, suppliers, or others, including governmental entities, to furnish any information requested concerning any transaction with the undersigned. Should the Company execute said bond(s), the undersigned agree as follows: (1) to pay the usual premiums, including renewal premiums, (2) To indemnify the Company from any loss, cost or expense resulting from said bond or the enforcement of this agreement. The Company may decline to become Surety on any bond of the Applicant and, in case it does act as Surety, shall have the right to withdraw or cancel same whenever it shall see fit and shall not be responsible for any loss or damage that may be sustained by reason of such action. Nothing shall be construed to waive or abridge any rights or remedies which the Company might have if this instrument were not executed.

The Agreement shall be effective this _____ day of _____, 20_____.

A facsimile copy of this document or signature(s) thereon, shall be deemed to be an original and/or original signature(s) for all purposes.

If a partnership, each member must sign. If a corporation, one officer must sign as applicant and where personal indemnity is required, each individual must sign without corporate title.

X WITNESS _____

X WITNESS _____

X WITNESS _____

X WITNESS _____

SUP 0081 TX (4/11)

APPLICANT
X _____

(print name & title under signature if corporation)

PERSONAL INDEMNITOR
X _____
 (signature of owner, partner or officer - no title)

X _____
 (signature of second partner or officer - no title)

X _____
 (signature of third partner or officer - no title)