

TEXAS MOTOR VEHICLE DEALER'S BOND APPLICATION

PLEASE PRINT OR TYPE (complete for all owners)

Business or Corporate Name (exactly as it appears on your license)

Business Address

Telephone Number

Address Line 2

Fax Number

City State Zip Code

Number of Years in This Business _____ Number of Years Licensed _____

Type of Bond Requested _____ Amount of Bond \$ _____

Effective Date _____ License Number _____

(Select One)

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership
- Other

OWNERSHIP INFORMATION

Provide the following information for each owner or stockholder, including yourself (use additional sheet if necessary).

All owners must sign this application. Changes of ownership must be reported immediately.

Name

Social Security Number

Home Address

Telephone Number

City State Zip Code

% Ownership

Does Applicant/Owner own real estate? Yes No

Name

Social Security Number

Home Address

Telephone Number

City State Zip Code

% Ownership

Does Applicant/Owner own real estate? Yes No

Name

Social Security Number

Home Address

Telephone Number

City State Zip Code

% Ownership

Does Applicant/Owner own real estate? Yes No