

Colorado Independent Automobile Dealers Assoc.

SALESPERSON BOND ORDER FORM

SIMPLY FAX TO (303) 237-3305

OR MAIL

6464 WEST 14TH AVE. #100

LAKWOOD, CO 80214

BOND PREMIUM \$90.00

PLEASE PRINT LEGIBLY

THIS IS FOR (CHECK ONE) AN ORIGINAL LICENSE _____ LICENSE RENEWAL _____

SALESPERSON NAME _____
(As it appears on your Drivers License)

SALESPERSON STREET ADDRESS _____
(Must be street address - **NO PO BOX NUMBER**)

CITY _____ COUNTY _____ STATE _____ ZIP _____

IF THIS IS FOR A RENEWAL, WHEN DOES THE SALES LICENSE EXPIRE? _____

PREVIOUS BOND #/COMPANY _____

DEALERSHIP REQUESTING BOND _____

DEALER PHONE # _____ DEALER LICENSE# _____

AUTHORIZED PERSON REQUESTING BOND _____ TITLE _____

PLEASE MAIL THE BOND _____ WE WILL PICK-UP THE BOND _____

Credit card _____ Visa _____ M/C _____ Amex _____ Discover _____

Card # _____ Exp. Date: _____

3-digit code _____ Signature _____

PLEASE MAKE COPIES OF THIS FORM FOR FUTURE USE