

PAWNBROKER
SPECIAL DEPOSIT BOND

State of _____,

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS. That the undersigned _____ as principal of _____ and the undersigned _____ as surety, of _____ are firmly held and bound unto the Administrator of the Department of Consumer Affairs of the State of South Carolina in full and just sum of _____ dollars, to which payment we bind ourselves and our respective successors and assigns jointly and severally.

Sealed with our seal and dated at _____ this _____ day of _____ in the year of our Lord two thousand and _____.

WHEREAS, Section 40-39-50 of the Code of Laws of South Carolina, 1976 as amended, requires that a Pawnbroker deposit and thereafter continuously maintain a bond in the amount of five thousand dollars. The bond is to be executed by a surety company authorized by the laws of this State to transact business in South Carolina and must be for the use of the State as well as any pledgers or customers that may have a cause of action against the Pawnbroker.

AND WHEREAS, the undersigned principal _____ aforesaid, desires to transact business within the State of South Carolina in accordance with the terms of its laws and to deposit with the Administrator a good and solvent bond in the sum of five thousand dollars, does by this instrument furnish that bond.

NOW, THEREFORE, the condition of this bond is such that if the above principal has failed to comply with the S.C. Pawnbroker Act, S.C. Code § 40-39-10, et seq. or has failed to provide contracted for pawnbroker services to customers as determined by the Administrator after notice and opportunity for hearing, then we the Beneficiary (South Carolina Department of Consumer Affairs) are entitled to the sum of five thousand dollars.

PROVIDED, HOWEVER, that liability hereunder may be terminated either (a) by written notice, from the surety to the Administrator, that liability shall terminate upon the expiration of forty-five (45) days from the date of such notice, or (b) upon written authorization mailed to the surety by the Administrator.

IN WITNESS whereof the principal and surety have set their hand and affixed their seals in the manner and form following;

In presence of witness as to principal

Name of Principal

By: _____
(President (Officer))

In presence of witness as to surety:

Name of Surety:

By: _____
(President (Officer))

EXECUTION BY PRINCIPAL AND SURETY MUST BE PROBATED ON NEXT PAGE

WITNESS AS TO PRINCIPAL

STATE OF _____,
_____ COUNTY.

Before me, the subscribing Notary Public, personally appeared _____ and made
Witness number one (see front of bond)

oath that he/she saw the within named _____ Company represented by
_____ sign, seal, and deliver the within Bond, and that he/she with
_____ subscribed their names as witness thereto.

Witness number two (see front of bond)

To be signed by witness one or two (see front of bond)

Sworn to and subscribed before

me this _____ day of _____ A.D., 20 _____.

Notary Public for _____
My Commission expires _____

WITNESS AS TO SURETY

STATE OF _____,
_____ COUNTY.

Before me, the subscribing Notary Public, personally appeared _____ and made
Witness number one (see front of bond)

oath that he/she saw the within named _____ Company represented by
_____ sign, seal, and deliver the within Bond, and that he/she with
_____ subscribed their names as witness thereto.

Witness number two (see front of bond)

To be signed by witness one or two (see front of bond)

Sworn to and subscribed before

me this _____ day of _____ A.D., 20 _____.

Notary Public For _____
My Commission expires _____

Persons executing for the Surety, other than corporate officers, must attach a Power of Attorney authorizing such person to execute surety bonds for the Surety.

Mailing Address of the Surety

Tel. No. _____

Mailing Address of the Department of Consumer Affairs

Department of Consumer Affairs

P.O. Box 5757

Columbia, South Carolina 29250-5757

Telephone Number 803-734-4200

NAME, ADDRESS AND TELEPHONE NUMBER OF SURETY CONTACT IN THE EVENT A CLAIM MUST BE FILED.

NAME: _____

TITLE: _____

ADDRESS: _____

(CITY, STATE AND ZIP CODE)

E-MAIL: _____

TEL. NO. _____

FAX NO. _____