



State of New Jersey

Send to: Division of Taxation
PO Box 189
Trenton, NJ 08695-0189

Pursuant to NJSA 54:39-101 et seq
3-2011

Surety Instrument No

Form DMF-6 New Jersey Distributor of Motor Fuels Tax Bond

Principal	
Name _____	Type of Business Entity _____
DBA _____	Contact _____ Phone: _____
Tax ID No _____	Email _____
Mailing Address _____	Business Address _____

Corporate Agent to the Principal	Surety
Name _____	Name _____
Address _____	Address _____
Email _____ Phone: _____	Email _____ Phone: _____

Surety Instrument			
Amount _____	Issue Date _____	Period Covered _____	From: _____
			To: _____
if no end date is specified, check here <input type="checkbox"/>			

The Surety is held and firmly bound to the State of New Jersey in the aggregate sum of this bond, to be paid to the State of New Jersey by the Surety or its successors, executors, administrators and assigns, both jointly and severally. The condition of this obligation is such that, if the above bounden faithfully performs and discharges all the requirements and duties imposed under the Motor Fuel Tax Act, NJSA §54:39-101 et seq, including payment of all taxes, penalties, interest, and any other obligation, then this obligation is to be void; otherwise to remain in full force and effect.

Signature of Principal

Primary

Primary Signature*

Printed Name

Primary Signatory's Title Date Signed

Witness

Witness' Signature*

Printed Name

Witness' Title Date Signed

*By signing, the principal authorizes the State of New Jersey to make available to the Surety all documents, schedules, returns, or any other information related to this bond.

Signature of Surety

Primary Signature †

Printed Name

Primary Signatory's Title Date Signed

Witness' Signature †

Printed Name

Witness's Title Date Signed

† By signing, the Surety agrees to accept the documents, schedules, and returns from the State of New Jersey as sufficient evidence of liability for this bond.

Acknowledgement

State of _____) Date of Acknowledgement _____
) SS
County of _____)

The principal or authorized representative of the principal named personally appeared before me on the date of this acknowledgement to affirm and verify that he/she is authorized to execute the forgoing instrument and acknowledged to me that he/she executed this instrument as and for the act and deed of the principal.

Notary Seal

Signature of Notary

Printed Name Expiration of Commission