

# COLORADO AUTOMOBILE DEALERS ASSOCIATION

## APPLICATION FOR **NEW** SALESPERSON BOND

**\*\* PLEASE PRINT CLEARLY \*\***

DEALERSHIP \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_  
(Full Legal Name, including middle initial)

APPLICANT'S STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

NUMBER OF BONDS NEEDED PER SALESPERSON: \_\_\_\_\_

PERSON REQUESTING BOND: \_\_\_\_\_

CHARGE OUR ACCOUNT: \_\_\_\_\_ PLEASE MAIL: \_\_\_\_\_

RUNNER TO PICK UP: \_\_\_\_\_ SALESPERSON TO PICK UP: \_\_\_\_\_

SALESPERSON TO PAY & PICK UP: \_\_\_\_\_

**\*\*\* IF SALESPERSON IS TO PAY FOR BOND THE CHARGE WILL BE \$90.00 CASH ONLY \*\*\***

## **FAX OR PHONE BOND REQUESTS TO:**

**C.A.D.A**  
**303.831.4205 FAX**  
**303.831.1722 PHONE**  
**ATTN: LINDA TOTEVE**