## Surety 3 General Agency LLC

625-2 Cassat Ave Jacksonville, Fla 32205 Phone: 904-422-9797

Fax: 904-355-5516

## **BUF Account Set-up Requirements**

Fill out the following information so that your BUF (Build-Up Fund) account can be set-up to your desired specifications.

	Date:
Agent Number (not required):	
Agent Name:	
Name requested to open Account/Stateme	nt:
(If different from above)	
Address to send bank Statement:	
Social	Security Number/Tax ID Number (EIN):
*Make check	as payable to name requested to open the account.
Attach completed and signed W-9 Form wi	th a legible copy of your driver's license.
-	and the second s
IN WITNESS WHEREOF:	
Agency LLC. This BUF account will be opened	accordance with my Bail Bond Agreement between agent and Surety 3 General using my SS# or Federal Tax ID #. Agent, as owner of the account, will pay all with this account. The Insurance Company, as the trustee and signer on the ds or close the account.
	NAME
STATE OF	
COUNTY OF	-
	before me, the undersigned, a Notary Public in and for said County and State, ) whose name is subscribed to the within instrument and acknowledged that he l official seal.
Notary Public  My commission expires:	