STATE OF FLORIDA
OFFICE OF FINANICAL REGULATION

CONSUMER FINANCE COMPANY
PLEDGE AGREEMENT

1. Parties. This Pledge Agreement is between the State of Florida, Office of Financial Regulation (the "Office"), _____ _____ (the "Licensee") and _____ (The "Financial Institution") located at _____.

2. Delivery of Custody. The Licensee has placed in the custody of the Financial Institution the following Certificate of Deposit:_____(the "Certificate of Deposit"). The principal amount of the Certificate of Deposit as of_____, 20_____, is $_____.
3. Default. The Certificate of Deposit hereby pledged to the Office is for the use and benefit of any borrower who is injured by acts of a licensee involving fraud, misrepresentation, or deceit, including willful imposition of illegal or excessive charges; or misrepresentation, circumvention, or concealment of any matter required to be stated or furnished to a borrower, where such acts are in connection with a loan made under chapter 516, Florida Statutes. The Office, or any claimant, may bring an action in a court of competent jurisdiction on the Certificate of Deposit.

4. Duty of Financial Institution. The Financial Institution agrees to take reasonable care of the Certificate of Deposit in its possession.

5. Continuance of Custody. The Financial Institution shall retain custody of the Certificate of Deposit and shall not release such items without the written authorization of the Office or on the order of a court of competent jurisdiction.

6. Interest and Dividends. The Licensee shall be entitled to receive all interest and dividends from the Certificate of Deposit items.

7. Termination of Liability of Financial Institution. The Financial Institution's obligations as to the Certificate of Deposit shall cease when it has released such items pursuant to paragraph 5 herein.

_____	_____	_____
LICENSEE	Signature of Principal of Licensee	Title

WITNESS:_____ WITNESS:_____

STATE OF: (_____)
COUNTY OF: (_____)
The foregoing instrument was acknowledged before me by means of physical presence, this ____ day of_____, by_____, who is personally known to me or who has produced _____as identification and who did/did not take an oath.
(SEAL)

_____
Notary Public -- State of_____at Large
My Commission Expires: _____

_____	_____	_____	(_____) _____
FINANCIAL INSTITUTION	Signature of Officer	Title	Telephone #

WITNESS:_____ WITNESS:_____
STATE OF (_____)
COUNTY OF (_____)
The foregoing instrument was acknowledged before me by means of physical presence, this_____ day of_____, by_____, who is personally known to me or who has produced _____as identification and who did/did not take an oath.
(SEAL)

_____
Notary Public - State of_____at Large
My Commission Expires: _____