

Integrity Bonds

PO Box 54338 Phoenix, AZ 85022
Tel: 480-626-8916 ~ Fax: 480452-1730

Toll Free: 866-420-2613

WWW.IntegrityBonds.com

Info@IntegrityBonds.com

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR **Integrity Bonds** TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO OBTAIN BONDING ELIGIBILITY THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE: I _____ (Print Name

and Company) authorize Integrity Bonds / & the Surety and/or Surety broker of their choice to make inquiries as necessary concerning or pertaining to the Owner(s), applicant(s), and third party indemnitor(s) listed in this application financial standing, credit report, character or manner of meeting obligations to verify the accuracy of the statements made and to determine their credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information may be found guilty of a criminal and/or civil offense."

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, the reporting agencies cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. The reporting agency's policy requires purchasers of these reports to have signed a Service Agreement. This assures the reporting agency that users are familiar with and will abide by their obligations, as stated in the FCRA, revised effective September 30, 1997, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or denial of an application, the name and telephone number of the reporting agency will be provided in writing to contact them directly and request copies of such reports

PRINT APPLICANTS LAST NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER

CURRENT STREET ADDRESS (RESIDENCE)

CITY STATE ZIP

(____) _____
HOME PHONE AREA CODE & TELEPHONE NUMBER

APPLICANT SIGNATURE

____/____/____
DATE