



ASSOCIATED BONDING

CREDIT INVESTIGATION AUTHORIZATION FORM

I hereby authorize Associated Bonding and/or its agents and employees to investigate my credit, now and at any time in the future, with any creditor, supplier, customer, financial institution, or other person or entity. I understand and acknowledge that this permission is given as part of my application for or renewal of a surety bond or bonds that I am either applying for and/or guaranteeing as indemnitor on the aforementioned bonds.

Dated: _____

By: _____

Type or print name

Street Address

City, State, Zip Code

Social Security Number

One Call. One Relationship. Innovative Solutions.