



LESRON
"THE SURETY BOND SPECIALISTS"

CREDIT AUTHORIZATION FORM

Authorization is hereby given to Lesron Insurance Agency Inc. to run any required credit reports for securing bonds. Such information will only be shared with prospective surety companies underwriting on behalf of the undersigned for bonds only.

Signed this _____ day of _____, _____.

Company Name (if applicable)

Signature: _____

Signature: _____

Typed or Printed Name

Type or Printed Name

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

CA Drivers License: _____

CA Drivers License: _____

Home Address: _____

Home Address: _____

Signature: _____

Signature: _____

Typed or Printed Name

Type or Printed Name

Date of Birth: _____

Date of Birth: _____

Social Security Number: _____

Social Security Number: _____

CA Drivers License: _____

CA Drivers License: _____

Home Address: _____

Home Address: _____
