



LESRON

The Surety Bond Specialists

Credit Authorization Form

Authorization is hereby given to Lesron Insurance Agency Incorporated to run any required credit reports for the purpose of 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)

(Typed or Printed Name)

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

CA D/L #: _____

CA D/L#: _____

Home Address: _____

Home Address: _____

Signature: _____

Signature: _____

(Typed or Printed Name)

(Typed or Printed Name)

Date of Birth: _____

Date of Birth: _____

Social Security #: _____

Social Security #: _____

CA D/L #: _____

CA D/L#: _____

Home Address: _____

Home Address: _____