

SBI BAIL BONDS of PA, LLC
516 Hamilton Street, Allentown, PA 18101
(610) 439-BAIL FAX: (610) 439-2248

CONSENT FOR RELEASE OF CREDIT INFORMATION

PERSONAL INFORMATION:

NAME: _____ S.S. # : _____
ADDRESS: _____ D.O.B.: _____
_____ PERMANENT U.S. RESIDENT? _____
_____ HOW LONG AT ADDRESS? _____
TELEPHONE #: _____ DO YOU OWN OR RENT? _____
MOTHER'S MAIDEN NAME: _____

BUSINESS/FINANCIAL INFORMATION:

EMPLOYER'S NAME: _____ BUSINESS TELEPHONE #: _____
BUSINESS ADDRESS: _____ MONTHLY RENT: _____
_____ MONTHLY MORTGAGE: _____
YEARLY INCOME: _____ OTHER INCOME: _____
BANK NAME: _____ SOURCE OF OTHER INCOME: _____
BRANCH LOCATION: _____ ACCOUNT #'S: _____

By signing this application, I authorize SBI Bail Bonds of PA, LLC. to check my credit history, and I authorize any references listed to release information to you or any of your affiliates regarding my eligibility for credit extension by SBI Bail Bonds of PA, LLC. I certify that I am 18 years or older and that the information provided is accurate. If credit is extended to SBI Bail Bonds of PA, LLC. I authorize you to exchange information about how I handle my account with SBI Bail Bonds of PA, LLC. affiliates, credit bureaus and proper persons. I also authorize you and your affiliates to periodically exchange information regarding my account I may have with you or your affiliates. In addition, If the Defendant fails to appear for any court required appearances, I authorize SBI Bail Bonds of PA, LLC. to use my credit information and references to assist them in locating my whereabouts. I verify that I have read and understand the disclosure above.

Applicant's Signature Date

*****DO NOT WRITE BELOW THIS LINE*****

APPLICATION VERIFIED AND APPROVED BY: _____
SBI BAIL BONDS of PA, LLC. REPRESENTATIVE DATE