



Donald C. Burton Bail Bonds

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Woodbury, NJ 08096
(856) 853-5566 Office
(856) 853-6898 Fax

**Acknowledgment and Authorization
for Consumer Records**

In connection with your application for a contract with **BURTON BAIL BONDS** and **AIA, ALLEGHENY CASUALTY COMPANY, INTERNATIONAL FIDELITY INSURANCE COMPANY**, and/or **ASSOCIATED BOND & INSURANCE AGENCY, INC.**, you understand the consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment records, education, qualifications, criminal records, driving records, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies.

You hereby authorize the obtaining of such consumer reports and investigative consumer records for **BURTON BAIL BONDS** and **AIA, ALLEGHENY CASUALTY COMPANY, INTERNATIONAL FIDELITY INSURANCE COMPANY**, and/or **ASSOCIATED BOND & INSURANCE AGENCY, INC.**, and any other company with which they contract for this purpose. By signing below, you hereby authorize without reservation, any party or agency contacted by this company or the consumer reporting agency acting on behalf of the company, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during the contract. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check the box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

Printed Name: _____

Signature: _____

Date: _____

Social Security #: _____

Date of Birth: _____

Current Address: _____

City: _____

State: _____

Zip Code: _____

DL #: _____

State: _____