



SURETY FINANCIAL OF AMERICA CORPORATION

Phone: (800) 224-5937 * Fax (866) 584-3546
WWW.BAILYES.COM

APPLICATION FOR BAIL BOND AGENCY * AGENT APPOINTMENT

Name _____ Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Date of Birth _____ Social Security Number _____

Name of Spouse _____ Social Security # _____

Business Name _____ Address _____

City _____ State _____ Zip _____

Business Phone () _____ Fax () _____

License Number _____ Name of Current Surety Company _____

Outstanding Liability _____ Approximate Amount In Build-Up Fund \$ _____

Counties where you currently write bail _____

References below: Your Email : _____

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

RE: TITLE 28 PRIVACY ACT, FREEDOM OF INFORMATION ACT, TITLE 6 FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508

In connection with my application for bail bond agent / agency with Surety Financial of America Corporation, I understand that investigative inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by Surety Financial of America Corporation or any of its subsidiaries, insurance companies and insurer/s to furnish the above mentioned information.

I hereby consent to your obtaining the above information from Trans Union, National Information Network, or other source deemed necessary, and agree that such information you obtain, and my experience with you if I am contracted and appointed will be accessible through you by future companies to which I might apply.

Please sign and return this authorization to fax # above with copy of your Insurance License.

Date: _____ Signature: _____