

ACCURATE BAIL BONDS, INC. ®

t/a SBI BAIL BONDS

2 W. Washington Avenue, 2nd Floor, Washington, N.J. 07882
(908) 689-8770 FAX: (908) 689-8772

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 Accurate Bail Bonds, Inc. t/a SBI Bail Bonds and/or it's affiliates 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 Accurate Bail Bonds, Inc. t/a SBI Bail Bonds I certify that I am 18 years or older and that the information provided is accurate. If credit is extended I authorize you to exchange information about how I handle my account with Accurate Bail Bonds, Inc. t/a SBI Bail Bonds 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 Accurate Bail Bonds, Inc. t/a SBI Bail Bonds 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: _____
Accurate Bail Bonds, Inc. t/a SBI Bail Bonds Rep. Date