Sanctuary Bail Bonds
337 N 4th Ave Phx, AZ 85003
O: (602) 224-5247 F:(602) 467-3416

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 Sanctuary Bail Bonds, 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 Sanctuary Bail Bonds, LLC. 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 Sanctuary Bail Bonds, 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 Sanctuary Bail Bonds, 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: _____
SANCTUARY BAIL BONDS, LLC. REPRESENTATIVE DATE