

SPATARO INSURANCE AGENCY INC.
850 SARATOGA ROAD
BURNT HILLS, NY 12027
PHONE: 518-399-7879
FAX: 518-399-4159

NOTICE OF INTENT TO REVIEW CONSUMER CREDIT INFORMATION

You have represented that you have an interest in

_____ (principal's name)
obtaining one or more bonds from **Insurance Company** (company). (Company) requires a review of your credit history before it makes a decision on whether to issue such a bond. In order to obtain such credit information, (Company) is requesting your consent to do so. You will be notified if (Company) declines to issue such bond if the reason for the declination is based completely or in part on the information contained in such report. Included with such notice will be the source of the report including addresses, phone numbers and instructions on how you can get a copy of your report so you can check it for accuracy.

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

I, the undersigned, hereby consent to Insurance Company obtaining a Consumer Report as defined under the Fair Credit Reporting Act which report will include information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I agree that a photocopy or facsimile of this agreement shall constitute a written instruction which (Company) may present to a Consumer Credit Reporting Agency as proof of (Company) authority to obtain such credit information.

Signature of Person Granting Consent:

Printed Name of Person Granting Consent

Date: _____

Social Security Number: _____

Residence Address: _____
