

**CREDIT REPORT AUTHORIZATION  
AND PRIVACY DISCLOSURE FORM**

nasbp.org/toolkit



2361 Highway 36 West  
St Paul, MN 55113

Phone: (651) 342-1480 Fax: (651) 342-1763

Web: <http://www.newtonbonding.com>

Agency: Newton Bonding  
Address: 2361 Highway 36 West, St Paul MN 55113

Surety 1: \_\_\_\_\_  
Surety 2: \_\_\_\_\_  
Surety 3: \_\_\_\_\_

I hereby authorize each of the above listed Agency and it's Surety Companies to:

- Obtain my personal credit report from a credit reporting agency of their respective choice, and
- To review my personal credit report.

I understand and agree that the above listed parties intend to use the credit report(s) for the purpose of evaluating my financial situation as part of the overall surety underwriting process.

My signature below also authorizes the above listed Agency to exchange with it's Sureties the complete content of my personal information and credit report. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

I understand that I may revoke my consent to these disclosures by notifying the Agency in writing.

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Copy as necessary for all applicants**

Completed consents may be scanned & e-mailed to:

[amy@newtonbonding.com](mailto:amy@newtonbonding.com) [kerri@newtonbonding.com](mailto:kerri@newtonbonding.com) [monica@newtonbonding.com](mailto:monica@newtonbonding.com)

or faxed to: 651-342-1763

