



**AMERICAN
PATRIOT**
INSURANCE AGENCY, INC

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SURETY SOLUTIONS
FOR THE PROFESSIONAL CONTRACTOR

CREDIT RELEASE FORM

COMPLETION OF THIS FORM CONSTITUTES PERMISSION FOR AMERICAN PATRIOT INSURANCE AGENCY, INC. TO OBTAIN CONSUMER INFORMATION WHICH WILL BE USED TO DETERMINE BONDING ELIGIBILITY. THIS INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE.

Print Applicant's

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____

Current Street Address (Residence) _____

City _____ State _____ Zip _____

Home Area Code & Telephone Number _____

Applicant Signature _____

Date _____