AGS SURETY.COM
INSURANCE AND BONDING

BLANKET AUTHORIZATION FORM

Authority is hereby granted to any Individual, Firm or Corporation and any financial institution to furnish AGS Surety, its affiliates, agents, employees, or insurance company, upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

Signature Date	Signature Date
(Printed Name)	(Printed Name)
Social Security Number	Social Security Number
Home Address (Street)	Home Address (Street)
City, State, Zip	City, State, Zip
Signature Date	Signature Date
(Printed Name)	(Printed Name)
Social Security Number	Social Security Number
Home Address (Street)	Home Address (Street)
City, State, Zip	City, State, Zip
Signature Date	Signature Date
(Printed Name)	(Printed Name)
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City, State, Zip	City, State, Zip