

Please Forward to:



NORTHEAST SURETY, LLC

3 Forest Park Drive, Farmington, CT 06032 Tel: (860) 674-0123 Fax: (860) 674-0170

Bank: _____

I hereby authorize you to release the information requested below to agent for surety.

Company: _____

Address: _____

By: _____ Date: _____

(Signature of Owner)

TO BE COMPLETED BY BANK

Line of Credit

Effective Date: _____ Expiration Date: _____

Gross Amount: _____ Amount Available: _____

Terms & Conditions: _____

Loan Experience

Date Opened: _____ High Credit: _____

Secured: _____ Unsecured: _____

Current Balance: \$ _____ Monthly Payment: \$ _____

Account Rating: _____

If the customer requires additional funding, would you consider the request? Yes ___ No ___

Deposits

Type of Account	Account Number	Current Balance	Average Balance for Previous two Months	Date Opened
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Remarks:

Signature: _____ Title: _____

Name(print): _____

Phone: _____ Date: _____