

**LEXON INSURANCE COMPANY
BOND SAFEGUARD INSURANCE COMPANY
CONSENT TO CREDIT INVESTIGATION**

The Undersigned individual as applicant for surety credit or as an indemnitor for a surety transaction hereby acknowledges that individual and/or business credit history may be a necessary requirement in the underwriting and evaluation of surety bonds. Therefore, the undersigned does hereby consent to and authorize Lexon Insurance Company and/or Bond Safeguard Insurance Company and their agents to obtain at any time, as they deem necessary, to order his or her personal consumer credit report. This authorization shall remain in full force and effect until cancelled in writing by sending a request to the following address requesting that this agreement be terminated with a written acknowledgment from Lexon Insurance Company and/or Bond Safeguard Insurance Company stating that he request was received.

**Lexon Insurance Company
Bond Safeguard Insurance Company
256 Jackson Meadows Drive
Hermitage, TN 37076**

Print Name

Signatures

SS Number

Address

Date

Print Name

Signatures

SS Number

Address

Date

Print Name

Signatures

SS Number

Address

Date

Print Name

Signatures

SS Number

Address
