



1610 Route 88  
Brick, NJ 08724  
732-701-8900 FAX 732-458-3728  
[www.specialtyagency.com](http://www.specialtyagency.com)

## Proprietor Authorization Form

To comply with the Federal Trade Commission’s “Fair Credit Reporting Act”, we Require the individual business owner/owners permission to obtain “consumer credit information” concerning their personal credit status.

Review the Proprietor Authorization statement and complete, sign, and date the information requested on this form.

### Proprietor Authorization:

By signing this Application, I authorize Specialty Insurance Agency, Inc. or its agent to investigate my personal credit, and financial records including my banking records. As part of such investigation, I authorize your company to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with your company and the marketing of other products and services to me and my business by your company. I further authorize your company to share the information received from my consumer credit report with your company’s parent, subsidiaries, and affiliates [and others if applicable]. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report.

First Name	Initial	Last Name	Social Security Number
Present Home Address			Home Phone Number
City	State	ZIP	
Authorized Signature			Date