



SURETY ONE

SURETY BONDS - FIDELITY BONDS & FINANCIAL GUARANTEE

A MEMBER OF THE POINDEXTER GROUP OF COMPANIES

5 W. HARGETT STREET, 4TH FLOOR
RALEIGH, NC 27601

TELEPHONE
(919) 859-5294
(800) 373-2804

FACSIMILE
(919) 834-7039

WEBSITE
WWW.SURETYONE.ORG

DELAWARE PUBLIC ADJUSTER BOND APPLICATION

Name (as to appear on bond) _____

Address (same as state application) _____

Telephone # _____ Email _____

Check One: PUBLIC Adjuster INDEPENDENT Adjuster

CREDIT CARD/LINE AUTHORIZATION

I authorize the Poindexter Surety Group, Surety One, Janus Assurance Re or any member of the Poindexter Group of Companies to charge my credit line / credit card account **\$300**, for services contracted for this _____ day of _____, 20__.

Card Holder Signature

Card Holder Name (print)

Account Number _____

Expiration ____ / ____ CVC2 (three digit code found in your signature block) _____

CID (four digit code found on card front -AmEx only) _____

Credit Card Billing Address _____

City _____ State _____ Zip Code _____

Card holder telephone number associated with this account _____