Commercial Credit Report Request Form

Client Information					Once requested, reports cannot be canceled.					
*Account #					*Return results by:		Pho	☐ Phone ☐ Fax ☐ E-mail		
*Your Name				*[Fax/Ema					
* Your Password										
Property Name or Identifier										
Company Information										
*Name of Business										
*Business Address										
Street City State Zip									Zip	
Employer Identification Number (EIN)/Federal Tax Identification Numbe (optional)										
I would also like a Credit History on the following individual(s):										
*First Name			М		*	Last				
*SSN	_	-		*DOE						
Required for all background reports but not for Credit History ONLY										
*Current Addre	ess									
	Stre	eet				City		State	Zip	
Previous Addre	ess									
	Stre	eet				City		State	Zip	
*First Name			М		*	Last				
*SSN	_	-		*DOE						
Required for all background reports but not for Credit History ONLY										
*Current Addre	ess									
	Stre	eet				City		State	Zip	
Previous Addre	ess									
	Stre	eet				City		State	Zip	

This is a fax transmittal form only. You must have your applicant's signed permission to run a credit report.

By faxing this Request, you certify that you have my applicant's signed permission to process the report requested and that it will only be used solely for the permissible purpose(s) indicated on your Service Agreement and that you will keep all information obtained private and secure.