



Client Information

*Once requested, reports cannot be canceled.*

*Account #	<input type="text"/>	*Return results by:	<input type="checkbox"/> Phone	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
* Agent's Name	<input type="text"/>	Phone:	<input type="text"/>		
* Agent's Password	<input type="text"/>	* Fax/Email:	<input type="text"/>		
* Property Name or Identifier	<input type="text"/>				

Company Information

*Name of Business	<input type="text"/>			
*Business Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Employer Identification Number (EIN)/Federal Tax Identification Number <i>(optional)</i>	<input type="text"/>			

I would also like a Full Credit History on the following individual(s) *(Additional charges apply)*:

*First Name	<input type="text"/>	M	<input type="text"/>	*Last	<input type="text"/>
*SSN	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
*DOB	<input type="text"/>				
	<b>MM/DD/YYYY</b>				
*Current Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Previous Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

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.