

Personal & Business
CREDIT REPORT APPLICATION

Includes Federal, State and County Public Records Check

License Holder Name _____ SSN _____

Business Name _____ License # _____ FEIN _____

WHO FOR:	WHAT FOR:	WHERE WOULD YOU LIKE REPORTS SENT?
<input type="checkbox"/> D.B.P.R. Construction Board	<input type="checkbox"/> Exam	<input type="checkbox"/> Send to State (Attn: APP# _____)
<input type="checkbox"/> D.B.P.R. Electrical Board	<input type="checkbox"/> Change of Status	<input type="checkbox"/> Send Back for Package in a Sealed Envelope
<input type="checkbox"/> County or City _____	<input type="checkbox"/> Reciprocity	<i>(applies to D.B.P.R. only)</i>

< Please check if applying for **PERSONAL** credit report.

Name _____ Birth Date _____ SSN _____

Address _____ City _____ ST _____ Zip _____

Home Phone _____ Work Phone _____ Email _____

Previous Address (if less than 2 years) _____ City _____ ST _____ Zip _____

Have you ever had a Bankruptcy, Judgment(s) or Lien(s) filed against you? Yes No

Date _____ County _____

If so please fax copy of release of bankruptcy, judgments, or lien to be included in your sealed credit report.
 I authorize Contractors Reporting Service Inc. to conduct credit report according to the guidelines of the Fair Credit Reporting Act. I understand Contractors Reporting Service Inc. is not responsible for information contained in, and is unable to change any information in credit report.

Applicant Signature X _____ Date _____

< Please check if applying for **BUSINESS** credit report.

Business Name _____

DBA _____

Address _____ City _____ ST _____ Zip _____

County _____ FEIN _____ Phone _____ Fax _____

TITLE	NAMES OF OFFICERS	S.S. NUMBER	CITY / STATE / ZIP	% OWNER

Has business entity ever had a Bankruptcy, Judgment(s) or Lien(s)? Yes No If yes, please fax copy of release with application to be included in report.

(Please list trade references only. Bank/Checking Accounts are not acceptable.)

	NAME OF CREDITOR	PHONE	FAX	ACCOUNT NUMBER
1				
2				
3				
4				

New business less than one year old / No business under this name.

Applicant Signature X _____ Date _____

Personal Report \$49	Type Of Card	Credit Card No. _____
Business Report \$79	<input type="checkbox"/> Visa	Exp. Date _____ V Code _____ (3 digits on back)
Bus. Outside FL \$125	<input type="checkbox"/> Master Card	Billing Address _____
1 Pers. & 1 FL Bus. \$99	<input type="checkbox"/> Discover	Of Credit Card _____
Add'l Copy per Report \$10		
Overnight \$25		

Application valid for 6 months for D.B.P.R., 30 days for County or City.