

Credit Check, Inc.

www.creditcheckinc.com

Tel. (561) 616-5556

Fax (561) 616-5553

***STATE OR COUNTY LICENSING AGENCY THAT REPORT IS TO BE SENT TO:
COUNTY / STATE OF _____

(BUSINESS REPORT)

please print neatly – thank you!

NAME OF BUSINESS...: _____ () CORPORATION/LLC

ADDRESS.....: _____ () PROPRIETORSHIP

PHONE.....: _____ () PARTNERSHIP

FEI # _____

PRINCIPALS:

NAME:.....: _____ TITLE: _____

RESIDENCE ADDRESS.: _____

STOCK OWNERHIP %...: _____ S.S.#...: _____

PRINCIPALS:

NAME:.....: _____ TITLE: _____

RESIDENCE ADDRESS.: _____

STOCK OWNERHIP %...: _____ S.S.#...: _____

PRINCIPALS:

NAME:.....: _____ TITLE: _____

RESIDENCE ADDRESS.: _____

STOCK OWNERHIP %...: _____ S.S.#...: _____

IN WHAT COUNTY WAS YOUR BUSINESS OPENED OR INCORPORATED? _____

THE COMPANY EMPLOYS: _____ PERSONS.

OFFICES ARE LEASED/RENTED FROM _____ AT \$ _____ PER MONTH

(OR IF OPERATING FROM RESIDENCE, CHECK HERE: _____)

THE PRIMARY LINE OF BUSINESS IS: _____

NAME OF BANK: _____

BRANCH.....: _____ CONTACT: _____

BUSINESS CREDIT REFERENCES:

NAME OF CREDITOR	ACCOUNT NUMBER	TELEPHONE NUMBER
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ANY OUTSTANDING JUDGMENTS, BANKRUPTCY OR LIENS? YES() NO()

METHOD OF PAYMENT:

PRICE: \$80.00

VISA or MASTERCARD

Card #

Expiration: _____/_____

Signature of Cardholder

Printed Name as it appears on credit card

Billing Address as it appears on credit card statement

FAX THIS COMPLETED APPLICATION TO: (561) 616-5553