Credit Check, Inc.

rsl@creditcheckinc.com Tel. (561) 616-5556 Fax (561) 616-5553

BUSINESS CREDIT REPORT

SEND REPORT TO	COUNTY/CITY LIC	COUNTY/CITY LICENSING BOARD		
EMAIL REPORT TO ME AT:		OR		
MAIL REPORT TO ME AT:				
Please print neatly – thank you!				
NAME OF BUSINESS:		() CORPORATION		
DBA (if applicable):		() PROPRIETORSI	_ () PROPRIETORSHIP	
ADDRESS		() PARTNERSHIP	_ () PARTNERSHIP	
		() JOINT VENTUR	EΕ	
PHONE				
		FEI #		
<u>PRINCIPALS</u> :				
NAME:		TITLE:	TITLE:	
RESIDENCE ADDRESS:				
ΓOCK OWNERHIP %		S.S.#:	S.S.#:	
PRINCIPALS:				
NAME:		TITLE:	TITLE:	
RESIDENCE ADDRESS:				
STOCK OWNERHIP %:		S.S.#:		
				
PRINCIPALS:				
		TITLE:		
NAME: RESIDENCE ADDRESS:				
STOCK OWNERHIP %		S.S.#:		
				
IN WHAT COUNTY WAS YOUR BUSINESS OPENE	ED OR INCORPORATED	0?		
NAME OF BANK:				
BANK LOCATION:				
ANY OUTSTANDING JUDGMENTS, BANKRUPTCY	Y. OR LIENS? [1 YES	S []NO		
	-,			
I hereby authorize CREDIT CHECK, INC. to develop a	and furnish a credit report	for a Construction Industry lie	cense to be forward	
to the licensing board / address noted above:	1	•		
	Signature		Date	
METHOD OF PAYMENT:	· ·			
[] VISA or [] MASTERCARD				
Card #		PRIC	CE: \$ 90.00	
Three digit Security Code on back of card:				
Expiration: (mm/yy)				
	_	Customer Copy:	\$ 10.00	
Printed Name as it appears on credit card				
	_	Rush Service:	\$ 50.00	
0.0 11.11				
Signature of Cardholder				
		TOT	A.I.,	
Billing Address as it appears on credit card statement		101.	AL:	
Diffing Address as it appears on credit card statement				