

Credit Check, Inc.

rs1@creditcheckinc.com

Tel. (877) 616-5556

Fax (877) 616-5553

BUSINESS CREDIT REPORT

____ SEND REPORT TO _____ COUNTY/CITY LICENSING BOARD
____ EMAIL REPORT TO ME AT: _____ OR
____ MAIL REPORT TO ME AT: _____

Please print neatly – thank you!

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

DBA (if applicable).....: _____ () PROPRIETORSHIP

ADDRESS.....: _____ () PARTNERSHIP

PHONE.....: _____ () JOINT VENTURE

FEI # _____

PRINCIPALS:

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

RESIDENCE ADDRESS: _____

STOCK OWNERSHIP %..: _____ S.S.#..: _____

PRINCIPALS:

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

RESIDENCE ADDRESS: _____

STOCK OWNERSHIP %..: _____ S.S.#..: _____

PRINCIPALS:

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

RESIDENCE ADDRESS: _____

STOCK OWNERSHIP %..: _____ S.S.#..: _____

IN WHAT COUNTY WAS YOUR BUSINESS OPENED OR INCORPORATED? _____

NAME OF BANK: _____

BANK LOCATION: _____

ANY OUTSTANDING JUDGMENTS, BANKRUPTCY, OR LIENS? [] YES [] NO

I hereby authorize CREDIT CHECK, INC. to develop and furnish a credit report for a Construction Industry license to be forwarded to the licensing board / address noted above:

Signature

Date

METHOD OF PAYMENT:

[] VISA or [] MASTERCARD

Card #

Three digit Security Code on back of card: _____

Expiration: _____ (mm/yy)

Printed Name as it appears on credit card

Signature of Cardholder

Billing Address as it appears on credit card statement

PRICE: \$ 90.00

Customer Copy: \$ 10.00

Rush Service: \$ 50.00

TOTAL: _____

FAX THIS COMPLETED APPLICATION TO: (877) 616-5553 OR EMAIL TO: service@creditcheckinc.com