

Tel. (561) 616-5556
Fax (561) 616-5553

CILB: _____
ECLB: _____

____ SEND REPORT TO _____ Licensing Dept.
 ____ EMAIL REPORT TO ME AT: _____

NAME: _____

last	first	middle	suffix
------	-------	--------	--------

CURRENT ADDRESS: _____
street

PREVIOUS ADDRESS: _____
 NOTE (previous address necessary if current address is less than 2 years)

I hereby request 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:

Billing Address as it appears on credit card statement

OR EMAIL TO: kad@creditcheckinc.com