CONFIDENTIAL

Credit Check, Inc.

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

CILB: _____
ECLB: _____

INDIVIDUAL LICENSING CREDIT REPORT

_____ SEND REPORT TO _____ COUNTY
_____ SEND REPORT TO CITY OF _____ BUILDING DEPARTMENT
_____SEND REPORT IN A SEALED ENVELOPE TO ME AT: _____
_____

please print neatly – thank you!

NAME: _____
last first middle suffix

CONTACT NUMBERS: (_____)_____
work home cell phone/pager

CURRENT ADDRESS: _____
street
_____
city state zip

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

DATE OF BIRTH: _____SOCIAL SECURITY #: _____

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:

_____
signature
_____, 20_____
date

METHOD OF PAYMENT:
VISA or MASTERCARD

PRICE: $50.00

_____Additional Copy For Review: $10.00

_____
Card #
Expiration:_____/_____

_____Overnight Service: $35.00

Total: _____

_____
Printed Name as it appears on credit card

_____
Signature of Cardholder

_____
Billing Address as it appears on credit card statement

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