**Credit Bureau Services, Inc.**

**PROVIDING CREDIT REPORTS FOR
CONTRACTOR LICENSING**

**954-561-1400**

**FAX: 954-567-1441 or email to: info@credit1400.com**

**www.credit1400.com**

 **APPLICATION FOR BUSINESS CREDIT REPORT FOR LICENSE**

**Name and address of Licensing Board**

**Application Number (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company to prepare report on**

**If your company operates as a D/B/A, please state the name of the D/B/A here**

**Address: Please enter full address. We MUST have a zip code.**

**Name of Qualifying Contractor on Business Application**

# Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of President or Owner name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Check one: \_\_\_\_\_\_Corporation; \_\_\_\_\_ LLC; \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_\_Partnership

**Federal Tax ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Report Charge:**

**$60.00 in Florida**

**$70.00 Out of State**

**Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_ Three digit security # on back or 4 digit number on front for AMEX \_\_\_\_\_\_\_\_**

**Billing Name of Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address of Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street address, City, State and zip**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**