

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

8795 West McNab Road, First Floor, Tamarac, Florida 33321

www.associatedcreditreporting.com

Phone: 954-543-9400

Toll Free: 800-676-7640

Fax: 954-543-9411

Toll Free Fax: 800-235-7185

Pursuant to your request, enclosed are the application forms for your personal credit report, business credit report, or both. Each form is one page. Please use the enclosed Order Form with your request to avoid errors and/or delays in processing.

ORDERING OPTIONS:

1. **Mail** your order and payment to the address below.
2. **Fax** your order to: 954-543-9411 or 800-235-7185
3. **Email** your order to customerservice@associatedcreditreporting.com

NOTE: On email submissions, please indicate “**contractor application**” on the subject line of your email. Call to confirm that your email was received if you do not receive a response confirming the receipt of your request.

Please submit **ONE CHECK** for all reports ordered.

You **must** include a copy of your check with your faxed/emailed order and then mail the original check so that we can process your payment. Credit Cards are no longer accepted.

If you fax or email your request, please be sure that you mail your payment to us within 24 hours. Reports will be sent upon receipt of payment.

Please make check/money order payable to: **Associated Credit Reporting, Inc.**

Mail payment to:

**8795 West McNab Road
Suite 100
Tamarac, FL 33321-3255**

*Any applications received after 2pm will be processed the next business day.

Average processing time is 3 - 5 business days.

Please include all fees on one check, made payable to Associated Credit Reporting, Inc.

Reports will be sent upon receipt of payment

If you have any questions, please contact Kathy at extension 201. Thank you for using Associated Credit Reporting. We are a nationally recognized credit reporting agency approved by all licensing boards. We have been in business for over 25 years providing accurate and prompt service to the construction industry. We also provide pre-employment background checks and many other services. Please contact us for more information.

>>> ORDER FORM <<<

PERSONAL CREDIT REPORT:

Resident of Florida (You must be a Florida resident for a minimum of 2 years)	\$ 50.00 x _____ = \$ _____
Out of State Resident	\$ 75.00 x _____ = \$ _____
Credit Score added to the credit report	\$ 5.00 x _____ = \$ _____
Additional Florida county**	\$ 10.00 x _____ = \$ _____
Additional out of state county**	\$ 15.00 x _____ = \$ _____

BUSINESS CREDIT REPORT:

Florida Corporation/LLC/Partnership	\$ 75.00 x _____ = \$ _____
New Corporation (If incorporated within 90 days of application)	\$ 35.00 x _____ = \$ _____
Foreign Corporation/LLC/Partnership (Out of state)	\$ 100.00 x _____ = \$ _____
Additional Florida county**	\$ 10.00 x _____ = \$ _____
Additional out of state county**	\$ 15.00 x _____ = \$ _____

ADDITIONAL SERVICES:

Overnight Shipping (FedEx/UPS) OR supply your account # below	\$ 25.00 = \$ _____
24 Hour Processing*	\$ 25.00 x _____ = \$ _____
Additional Sealed Original (If filing multiple licenses or with multiple licensing boards)	\$ 10.00 x _____ = \$ _____

TOTAL PAYMENT: \$ _____

** A County, State, and Federal Public Record Search is included in our fee, however, if you have multiple counties in the past seven years, there is a \$10 fee for each additional Florida county and \$15 for each out of state county. This search is required by the licensing board

Please choose from the delivery options below:

I will pick them up in person:

Mail/Overnight report(s) to: _____

Overnight Fee Paid OR supply your FedEx/UPS account #: _____

Contact person & phone number: _____

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Average processing time is 3 - 5 business days.

Please include all fees on one check, made payable to Associated Credit Reporting, Inc.

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BUSINESS APPLICATION

Licensing Board that you are filing with: _____
Example: CILB/DBPR, ECLB

Corporate/LLC Name (Company Name) _____

Doing Business As (Fictitious Name) _____
(Fill in only if you registered a fictitious name with the Secretary of State)

Physical Address: _____
Street/Suite #/City/State/Zip

County name where business is located: _____ Telephone Number: _____

FEIN #: _____ Number of Employees: _____ Sales Projections for 2010: _____

Enclose a copy of your bank letter, or the first page of a recent bank statement.

Name of Bank: _____ Approx. Opening Date: _____

Account Number: _____ Approx. Current Balance: _____

A public record search will be conducted in the counties where 25% or more work has been conducted during the past 7 years for county, state & federal tax liens, judgments & bankruptcy filings. This search is required by the licensing board

Has your company had any tax liens, judgments or bankruptcy filings in the past 7 years? Yes No

If yes, please provide the following:

County name: _____ State: _____ Date: _____ Type: _____ Status: _____

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County name: _____ State: _____ Date: _____ Type: _____ Status: _____

QUALIFIER'S NAME: _____ License #: _____ or applying for new license:
(Please Print)

Please complete the following for all Officers/Directors of company. Required by licensing board:

Name: _____ SS# _____ % Owned: _____

Name: _____ SS# _____ % Owned: _____

Name: _____ SS# _____ % Owned: _____

Name: _____ SS# _____ % Owned: _____

NOTE: We will not be pulling a personal credit report based on the information provided above.