

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

7737 N University Drive, Suite 206, Tamarac, Florida 33321
www.associatedcreditreporting.com

Telephone: 954-543-9400
Fax Number: 954-543-9411
Toll Free Telephone: 800-676-7640
Toll Free Fax Number: 800-235-7185

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

NOTE:

Emailed orders: Please indicate “**contractor application**” on the subject line of your email. Call to confirm that your email was received if you do not receive an email response confirming the receipt of your request within a reasonable amount of time (during normal business hours).

Mailed and faxed orders: You **must** include a copy of your check with your faxed/mailed order and then mail the original check so that we can process your payment. Reports will be sent when the payment is received. There is a \$25 returned check fee.

Credit Cards are accepted via telephone or electronically via email.

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

Mail payment to: 7737 N University Drive, Suite 206
Tamarac, Florida 33321

*****Once processing has begun, your order can be cancelled but your fee will not be refunded*****

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 30 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 <<<

Once submitted, order can be cancelled but your fees will not be refunded

PERSONAL CREDIT REPORT: (Includes FICO score) (Include copy of driver's license)

Resident of Florida (Must be a Florida resident for a min. of 2 years) \$ 55.00 x _____ = \$ _____

Out of State Resident \$ 80.00 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 SERVICES:

24 Hour Processing per package \$ 25.00 x _____ = \$ _____

Multiple Licensing Boards \$ 10.00 x _____ = \$ _____
(If filing with more than one licensing board)

TOTAL PAYMENT: \$ _____

Please choose from the delivery options below:

I would like my report sent via E-mail to: _____

I will pick up my report

Contact person & phone number: _____

PLEASE NOTE:

If ordering a personal credit report, you must include a copy of the DRIVERS LICENSE for each personal credit report being ordered.

Payment Authorization

Once the invoice has been paid, we will begin processing your request.

****Once the process has been started, you may cancel your request,
but we cannot issue you a refund****

I, _____, hereby authorize a one-time payment to Associated Credit Reporting, Inc. in the amount of \$_____, for the processing of my application.

I will be making my payment using the following method:

Option 1: Zelle – Use email address acr.zelle@gmail.com as the recipient

Option 2: Credit Card Payment – A link will be emailed to you which you can click on to make your payment.

Email Address

Signature: _____ Date: _____

**** We do not store any credit card information; please do not include it on this form ****

Please process your payment as soon as possible so there is not a delay in processing

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 this year: _____

Enclose a copy of the first page a recent bank statement for your business checking account, if you would like this information included in your report. You can black out the account number.

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: _____

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

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.