

ASSOCIATED CREDIT REPORTING, INC.

Established 1985

4690 NW 103rd Avenue, Sunrise, Florida 33351
www.associatedcreditreporting.com

Telephone: 754-216-0025
Fax Number: 954-635-2157
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: 954-635-2157 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). Upon receipt of your email, you will receive an invoice from Square, our credit card processing company. If you would prefer to provide your credit card information over the phone, please indicate that on your order form.

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: **4690 NW 103rd Avenue
Sunrise, FL 33351-7965**

*****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 credit score)

Resident of Florida (Must be a Florida resident for a min. of 2 years) \$ 55.00 x _____ = \$ _____
(Include copy of driver's license)

Out of State Resident \$ 80.00 x _____ = \$ _____
(Include copy of driver's license)

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 _____ = \$ _____

FedEx Delivery \$ 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

I would like my report sent via FedEx
(You must select FedEx Delivery above or provide your FedEx/UPS acct #: _____)

Contact person & phone number: _____

Please choose a payment option below:

Credit Card (See attached credit card authorization form; we do not store this information)

Check (Send a copy with your application and then mail the original check to us)

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. You can black out the account number.

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.

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PERSONAL APPLICATION

Licensing Board that you are filing with: _____

Example: CILB/DBPR, ECLB

Name: _____
LAST FIRST MIDDLE JR/SR

Social Security Number: _____ Date of Birth: _____

Home Address: _____
Street/City/State/Zip

How long at current address: _____ County Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Previous Address: _____
Street/City/State/Zip

How long at previous address: _____ (If current is less than 5 years) County Name: _____

A county, state, and federal public record search will be conducted in the counties where you have resided during the past 7 years for county, state & federal tax liens, judgments, and bankruptcy filings. List the **county** name(s) you have resided in:

Have you 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: _____

I hereby authorize Associated Credit Reporting, Inc. to obtain my personal credit report, per my signed request, in accordance with the Fair Credit Reporting Act. I understand that Associated Credit Reporting, Inc. is not responsible for information contained in, and is unable to change any information which appears on my credit report. NOTE: Any person who knowingly and willfully obtains information under false pretenses may be fined under Title 18, United States Code, imprisoned for not more than 2 years, or both. I further understand that this is a non-refundable process.

Applicant's Signature

Date

NOTE: All personal credit report requests must be accompanied by a legible copy of a current driver's license or other legal form of picture identification card to prevent fraud. Your information is safeguarded securely within federal guidelines.

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Credit Card Authorization

An invoice will be sent to your email address

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

NOTE: You will receive an invoice from Square, our credit card processing company. If you would prefer to provide your credit card information over the phone, please let us know and we will be happy to process it for you!

I, _____, hereby give Associated Credit Reporting, Inc. permission to charge my credit card a one-time charge of \$_____, for the processing of my application(s).

Cardholder's Name: _____

Signature: _____

Telephone Number: _____

Date: _____

I would like to receive my receipt by:

Text: _____ or _____ Email: _____

Cell Number: _____ Email address: _____

I would prefer to provide my credit card number over the phone

** We do not store any credit card information; please do not include it on this form. Once your order has been received, an invoice will be created and emailed to you. Please process your payment as soon as possible so there is no delay in processing. **