



791 NE 5th St Crystal River, FL 34429
Phone 352-795-7572 • 888-474-2270 • Fax 866-588-3604

CONTRACTOR'S LICENSE CREDIT REPORT

Complete all pages and return by one of the following methods.

SCAN & EMAIL (The Fastest)

Scan & Email the completed form and a copy of your check for payment to: contractor@usacreditbureau.com. We will create a bank draft from the information on the check. Please note: You must fill out the check. We will then deposit that bank draft. Do not mail the check afterwards.

BY FAX

Fax the completed form and a copy of your check for payment to 866-588-3604. Please note: You must fill out the check. A bank draft will be deposited with the information from your check. Do not mail the check afterwards.

BY MAIL

USA Credit Bureau, 791 NE 5th St, Crystal River FL 34429

OUR SERVICES OFFERED

- Business Report \$50.00 Expedition Service \$35.00
Personal Report \$35.00 Includes A 2 Day Guarantee
Extra Qualifier \$35.00 Overnight Shipping \$25.00
File Copy \$5.00

Where have you applied for your license?

- State of Florida County of:
Construction Electrical
City of: Other:

I prefer the report(s) be sent directly to:

- Applicant State of Florida County or City Agency
(Application # Required:)

Important Information:

If you have chosen to have your report delivered to the Applicant, be advised that it will arrive in a sealed envelope inside the mailed packet. It must remain sealed and untampered with or it will be rejected. You will need to order a file copy if you wish to view it.

If you have applied to a State, County or City agency and been rejected because of your credit report, please include a copy of the rejection letter for reference.

Your credit report will ordinarily take an average of 3 business days to compile. If we encounter problems with your references, we will contact you for clarification.

Contractor License Credit Report

Type of Business: Corporation Sole Proprietorship Partnership
 Is your business under or over one year old? Under Over

Business Information

Name:			
D/B/A if Applicable			
Address:			
City, State, ZIP			
FEIN#:		Telephone#:	

Personal Information

Applicant Name:			
Address:			
City, State, ZIP			
Email Address:			
Social Security#:		Telephone#:	

Corporate Officers

Name	Office	Social Security #

**Official Use
Only**

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Material Suppliers - At Least 3 (Not needed if your business is under a year old)

Name	Account#	Phone#	Address

I hereby grant my permission for the USA Credit Bureau to access my credit file and do a background survey in line with this business transaction. I agree to hold the USA Credit Bureau harmless for anything which may appear on this report.

Signature _____ Date _____