

## *Credit Bureau* Phone 512 285-6078 Fax 512 285-6336

www.accuratecredit.com

**BUSINESS CREDIT REPORT ORDER FORM** 

Name		Date	_//	
Firm Name (If Applicable)	Type of Business			
Address	City	State	Zip	
E-mail Address NOTE: We cannot accept PO	Box addresses or a cell phone	number as a home p	hone number.	
Home Phone #	Day #	Fax #		
Credit Card you wish Billed? [	] Visa [ ] MasterCard [ ] Disco	ver [ ] Amex		
Name of Cardholder				
Credit Card #	Expiration Date			
I agree to comply and abide with	the Fair Credit Reporting Act ir	n its entirety.		
Signature		D	ate//	
I wish to order a [ ] Comprehensiv	e Report \$99 [ ] Mini Busines	ss Report \$45		
Firm Name		Type of Business		
Address	City	St	ateZip	
E-mail Address				
	Fax #			
Other info				

## \*\*\*\*WARNING/CONFIDENTIAL\*\*\*\*

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