

Accurate

Business Credit Reports

Order Form

PRINT-COMplete-SIGN-FAX TO 626 398-0642

Name _____ Date ____/____/____

Firm Name (If Applicable) _____ Type of Business _____

Address _____ City _____ State _____ Zip _____

E-mail Address _____

Phone # _____ Fax # _____

Credit Card you wish Billed? Visa Mastercard Discover Amex

Name of Cardholder _____

Credit Card # _____ Expiration Date _____

I have read and understand the Fair Credit Reporting Act and agree to abide by it in its entirety. I also agree to terms of the (included) Security Access Requirements Agreement.

Signature _____ Date ____/____/____

I wish to order a International Business Credit Report from _____

Firm Name _____ Type of Business _____

Address _____ City _____ Zip _____

E-mail Address _____

Phone # _____ Fax # _____

Other info _____