



CREDIT TECHNOLOGIES, INC.®

Credit Report Request

Client ID#: _____ Company Name: _____

*Please circle report type needed

Merged Infile **RMCR

Requested By : _____

*Please Circle Bureaus Required

Experian Trans Union Equifax

Return FAX: (_____) _____

*Risk Scores Required?

Return Phone:(_____) _____
(In case of transmission difficulties)

YES / NO

Applicant Name _____ / _____
First M Initial Last {Sr, Jr, III} {Prior}

Social Security # _____ DOB _____
mm/dd/yy

Spouse Name _____ / _____
First M Initial Last {Sr., Jr, III} or {Prior}

Social Security # _____ DOB _____
mm/dd/yy

Current Address _____
House# Street Apt# City State Zip

Prior Address _____
(At least 2 years residence must be provided)

***Failure to provide complete/ legible information will cause a delay in the processing of this request. If bureaus or risk scores are not specified, Experian and Trans Union with scores will automatically be provided. Additional costs due to incorrect or mis-spelled information may be incurred for their correction. I certify this request is being made in association with an application for credit. **Completed Mortgage application (form 1003) required for completion of RMCR**

Comments / Special Requests: _____

Signature of individual requesting credit report

Please FAX completed form to 248.473.7405

Tomorrow's Solutions . . . **Today**
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