

Credit Bureau Services, Inc.
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APPLICATION FOR BUSINESS CREDIT REPORT FOR LICENSE

Name and address of Licensing Board

Application Number (if known): _____

Name of Company to prepare report on

If your company operates as a D/B/A, please state the name of the D/B/A here

Address: Please enter full address. We MUST have a zip code.

Name of Qualifying Contractor on Business Application

Telephone: _____ **Cell:** _____

Email: _____

Names of President or Owner name: _____

Check one: _____ **Corporation;** _____ **LLC;** _____ **Sole Proprietorship** _____ **Partnership**

Federal Tax ID #: _____

Report Charge:

\$50 in Florida + \$2.50 credit card transaction charge or
\$60 out of Florida +\$3.00 credit card transaction fee.

Fax Number: _____

Credit Card Number: _____ **Expiration Date:** _____
Three digit security # on back or 4 digit number on front for AMEX _____

Billing Name of Credit Card: _____

Billing Address of Credit Card: _____
Street address, City, State and zip

Signature: _____