

**\*You will receive your report back within 24 hours\***  
**Requests faxed Friday after 12:00 Noon will be sent back Monday**



## CREDIT REPORT REQUEST

Fax: 608.826.6236  
 Phone: 608-826-6226

Date: _____ Time: _____ <b><u>APPLICANT:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____ / ____ / ____ Address: _____ City: _____ State: _____ Zip Code: _____  <b><u>Previous Address: (optional)</u></b> Address: _____ City: _____ State: _____ Zip Code: _____	Date: _____ Time: _____ <b><u>APPLICANT:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____ / ____ / ____ Address: _____ City: _____ State: _____ Zip Code: _____  <b><u>Previous Address: (optional)</u></b> Address: _____ City: _____ State: _____ Zip Code: _____
<p align="center"><i><b>JOINT- please circle if joint application</b></i></p> <b><u>SPOUSE:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____ / ____ / ____	<p align="center"><i><b>JOINT- please circle if joint application</b></i></p> <b><u>SPOUSE:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____ / ____ / ____
<b><u>REQUESTED BY:</u></b> Name: _____ Company: _____ Fax#: _____ Phone#: _____ Member _____ Non-member _____ <input type="checkbox"/> Fax <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Phone/verbal, additional \$5.00 Charge <input type="checkbox"/> Rush Report, additional \$5.00 Charge	<b><u>REQUESTED BY:</u></b> Name: _____ Company: _____ Fax#: _____ Phone#: _____ Member _____ Non-member _____ <input type="checkbox"/> Fax <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail <input type="checkbox"/> Phone/verbal, additional \$5.00 Charge <input type="checkbox"/> Rush Report, additional \$5.00 Charge