

**\*You will receive your report back within 24 hours\***  
Requests faxed Friday afternoon will be sent back Monday



# CREDIT REPORT REQUEST

Fax: 608.826.6236  
Phone: 608-826-6226

<p>Date: ____/____/20__ Time: ____:____ am/pm</p> <p><b><u>Applicant:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____/____/____ Address: _____ City: _____ State: _____ Zip code: _____</p> <p><b><u>Previous Address: (optional)</u></b> Address: _____ City: _____ State: _____ Zip code: _____</p>	<p>Date: ____/____/20__ Time: ____:____ am/pm</p> <p><b><u>Applicant:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____/____/____ Address: _____ City: _____ State: _____ Zip code: _____</p> <p><b><u>Previous Address: (optional)</u></b> Address: _____ City: _____ State: _____ Zip code: _____</p>
<p><b><i>JOINT- please circle if joint application</i></b></p> <p><b><u>SPOUSE:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____/____/____</p>	<p><b><i>JOINT- please circle if joint application</i></b></p> <p><b><u>SPOUSE:</u></b> Name: _____ Social Security #: _____ - _____ - _____ Birthdate: ____/____/____</p>
<p><b><u>REQUESTED BY:</u></b> Name: _____ Company: _____ Fax#: (____) _____ - _____ Phone #: (____) _____ - _____ Member _____ Non-member _____</p> <p><input type="checkbox"/> Fax   <input type="checkbox"/> Pick-up   <input type="checkbox"/> Mail <input type="checkbox"/> Phone/verbal, additional \$5.00 Charge</p>	<p><b><u>REQUESTED BY:</u></b> Name: _____ Company: _____ Fax#: (____) _____ - _____ Phone #: (____) _____ - _____ Member _____ Non-member _____</p> <p><input type="checkbox"/> Fax   <input type="checkbox"/> Pick-up   <input type="checkbox"/> Mail <input type="checkbox"/> Phone/verbal, additional \$5.00 Charge</p>

AASCW 2909 Landmark Place, Suite 202, Madison, WI 53713