

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

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