

Credit Report Request

Company Name:

Client ID:

Requested By:

Fax Number:

Phone Number:

Report Type Needed¹:

Merged Infile RMCR²

Bureaus Needed¹:

Experian Transunion Equifax

Risk Scores Required?¹:

Yes No

Applicant Information

Applicant First Name:

M Initial:

Last Name:

Suffix:

(Sr., Jr., III)

Social Security Number:

Date of Birth (MM/DD/YY):

Spouse First Name:

M Initial:

Last Name:

Suffix:

(Sr., Jr., III)

Social Security Number:

Date of Birth (MM/DD/YY):

Current Address:

City:

State:

ZIP Code:

Prior Address (at least 2 years of residence must be provided):

City:

State:

ZIP Code:

Comments/Special Requests:

✕

Authorized Signature (of individual requesting the credit report)

Date

¹ Failure to provide complete/legible information will cause delay in processing of this request. If bureaus or risk scores are not specified, Experian and TransUnion with scores will automatically be provided. Additional costs due to incorrect or misspelled information may be incurred for their correction. I certify this request being made in association with an application for credit.

² Completed Mortgage application (Form 1003) required for completion of RMCR.