



### Driving Record- Request Form

Please completely fill out the order form and fax it to 877-369-1727 or email to: [Membership@ctcredit.net](mailto:Membership@ctcredit.net)  
Please ensure that all information is correct. All orders are final. CtCredit.net is not responsible for errors in processing due to wrong information provided.

#### Requester's Information

Full Name: \_\_\_\_\_

Telephone #:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

How would you like the results sent back to you?      Fax      E-mail

#### Your Billing Information:    Visa    Mastercard    American Express

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date (MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_ CVV Code: \_\_\_\_\_



**Service Agreement:** I agree to abide by all applicable local, state and federal laws with regard to the report(s) I am ordering today and will not share this information with any third parties or display it publicly. Under penalty of perjury, I swear that I am the authorized cardholder of the credit card indicated above and grant permission to have it charged for the total amount of \$\_\_\_\_\_. **Once the request is received, your card will be billed instantly by CtCredit.net. If you dispute a valid charge from CtCredit.net, you will be liable for original amount plus an additional collection/charge back fee of \$25.00** PLEASE VERIFY ALL OF THE INFORMATION PROVIDED. ALL ORDERS ARE DISPATCHED IMMEDIATELY. NO CANCELLATIONS OR CHANGES CAN BE MADE AFTER YOUR ORDER IS RECEIVED. If you provide incorrect information, you will still be liable for the charge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*\*\*This portion to be filled out and signed by the Consumer (the person whose driving record is being requested)\*\**

**CONSUMER REPORT/DISCLOSURE NOTIFICATION**  
**Release of Information / Authorization**

I authorize CtCredit.net to process and provide a Motor Vehicle Record search on me. I authorize all state motor vehicle bureaus, law enforcement agencies and courts to release written and verbal information about me. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

\* *IF* this authorization is in connection with an application for employment, I understand that an adverse action could be decided based in whole or in part on the result of this search. The contact information for the reporting agency is listed above. I understand that the reporting agency is not responsible for any adverse action that may result from this record. Should I disagree with any portion of the provided results, I understand that I have the right to dispute the information.

**Please Print Neatly**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/year)

**Driver's License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_