



**Request for BUSINESS CREDIT REPORT**

Please complete this form and fax to: 877-369-1727 or email to: membership@ctcredit.net

**Requestor's Information**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ct Credit Acct# \_\_\_\_\_

Telephone #:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 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 Ct Credit.net. If you dispute a valid charge from Ct Credit.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 YOU FAX YOUR ORDER. If you provide with incorrect information, you will still be liable for the charge.

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

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

**Company to be Profiled**

Business Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

EIN, TaxID, or Bus.Lic# (if available) \_\_\_\_\_

\*\*\*Please be advised that any information provide that is incomplete, incorrect, or not legible can result in delays with processing or the application could be processed incorrectly\*\*\*