



CREDIT REPORT REQUEST FORM FOR CONTRACTOR’S LICENSE

Please complete the following questions and return this form. You can email it to screening@CICcredit.com, fax it to 813-864-9882, or mail it to P.O. Box 22827, Tampa FL 33622 Attn: Groups Dept. If you have additional questions please contact Ashley Burroughs at 800-352-5882 ext. 263.

If the report is going to the DBPR we will mail it back to you to include with your application. If the report is going to a County Board we will mail it directly to the board.

The processing of the report(s) can take up to 5-7 business days.

The cost is \$65 for a business credit report, personal credit report, or both. If you need additional personal credit reports on other principals, it is an additional \$65 per person.

1. Please check what type of credit report you need:
Business only _____ Personal only _____ Both _____
2. If you are already a licensed contractor please provide us with your license number:

3. Please write the name of the Licensing Board & the address of where you need your report sent to:
Name of Licensing Board: _____
Address: _____
To the attention of: _____
Email: _____
Mark how you want us to send your report to the licensing board: MAIL _____ EMAIL _____
4. **If you need a Personal Credit Report** please provide us with the following:**
Your full name: _____
Residential Address: _____
City: _____ State: _____ Zip: _____ Social Sec #: _____

**5. If you need a Business Credit Report please provide us with the following:
(If you do not need a business credit report leave blank.)**

Name of business to be qualified: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Business Phone # _____

Owners Name: _____

If your business address above is not in the State of Florida please tell us which county or city you will be doing business in: _____

6. If you need a Business Credit Report please provide us with four (4) credit references. These references need to be suppliers that you have a credit account with. (If you do not need a business credit report or if you are a newly formed company or you pay cash with supplier leave blank. If your references include a credit card company, mobile phone company, etc. please include the account number.)

PLEASE NOTE: YOU DO NOT HAVE TO SUPPLY US WITH BUSINESS REFERENCES IF THE FOLLOWING APPLIES TO YOU: (Please check all circumstances that apply to you if any).

_____ **Your business is newly established and you have not yet established any open account with Suppliers with terms.**

_____ **You pay COD with all of your suppliers**

1. Name of Business Reference: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Account #: _____

2. Name of Business Reference: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Account #: _____

3. Name of Business Reference: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Account #: _____

4. Name of Business Reference: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Account #: _____

The person signing below authorizes NACM Tampa to access their individual consumer credit report(s), and applicable business credit report(s) in connection with state or county licensing request.

Signature: _____

Printed Name: _____



____ MC ____ Visa ____ American Express ____ Discover

Card Number: _____ / _____ / _____ / _____ Security Code _____

Expiration Date: _____ Cardholder Name: _____
Month / Year (Please print)

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

Cardholder Phone Number: _____

***If you have questions please call Ashley Burroughs at
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P.O. Box 22827 – Tampa, FL 33622
Contact: Ashley Burroughs
Phone: (800) 352.5882 x263 Fax: (813) 864.9882
Email: screening@ciccredit.com Web: www.nacmtampa.com