



**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](mailto:screening@CICcredit.com), fax it to 615-257-7642, or mail it to 327 Caldwell Drive, STE 100, Goodlettsville, Tn 37072 Attn: Screening 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: \_\_\_\_\_

5. Account #: \_\_\_\_\_

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

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

7. 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  
800-352-5882 Ext. 263 for assistance.*

Contact: Ashley Burroughs  
Phone: (800) 352.5882 x263 Fax: (813) 864.9882  
Email: [screening@ciccredit.com](mailto:screening@ciccredit.com) Web: [www.nacmtampa.com](http://www.nacmtampa.com)