



CREDIT REPORT REQUEST FORM FOR CONTRACTOR’S LICENSE

Please complete the following questions and return this form via any of the below options:

MAIL - 327 Caldwell Drive Ste. 100, Goodlettsville, TN 37072 Attn: Ashley Burroughs

EMAIL - screening@CICcredit.com

FAX – 615-257-7642

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 \$100 for a business credit report, personal credit report, or both. If you need additional personal credit reports on other principals, it is an additional \$100 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.)**

327 Caldwell Drive Ste. 100, Goodlettsville, TN 37072

Contact: Ashley Burroughs

Phone: (615) 386-2285 x263 Fax: (615) 369-8617

Email: screening@ciccredit.com Web: www.nacmtampa.com

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 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: _____

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.