

**Personal & Business**  
**FINANCIAL STABILITY REVIEW**  
 Includes Federal, State and County Public Records Check

**It is your responsibility to ensure that your credit is unlocked. Additional charges will apply if credit is locked.**

Name of Contractor \_\_\_\_\_ Email Address: \_\_\_\_\_

WHO FOR:	HOW WOULD YOU LIKE TO RECEIVE REPORTS FOR DBPR?
<input type="checkbox"/> D.B.P.R. Construction Board <input type="checkbox"/> D.B.P.R. Electrical Board <input type="checkbox"/> County or City _____ <i>(Sent Directly To)</i>	<input type="checkbox"/> Password Protected Email (last 4 of ss# for Personal / last 4 FEIN for Business) <small>This option not available for county/city</small> <input type="checkbox"/> Mail Back for Package (Mail report(s) to: <input type="checkbox"/> Home <b>OR</b> <input type="checkbox"/> Business)

**< Please check if applying for PERSONAL**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Previous Address (if less than 2 years) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Have you ever had a Bankruptcy, Judgment(s) or Lien(s) filed against you?  Yes  No  
 Date \_\_\_\_\_ County \_\_\_\_\_

If so please fax copy of release of bankruptcy, judgments, or lien to be included in your sealed credit report.  
 I authorize Contractors Reporting Service Inc. to conduct credit report according to the guidelines of the Fair Credit Reporting Act. I understand Contractors Reporting Service Inc. is not responsible for information contained in, and is unable to change any information in credit report.

**Applicant Signature X** \_\_\_\_\_ Date \_\_\_\_\_

**< Please check if applying for BUSINESS**

Business Name \_\_\_\_\_  
 DBA \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 County \_\_\_\_\_ FEIN \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

TITLE	NAMES OF OFFICERS	S.S. NUMBER	CITY / STATE / ZIP	% OWNER

Has business entity ever had a Bankruptcy, Judgment(s) or Lien(s)?  Yes  No If yes, please fax copy of release with application to be included in report.

New business less than one year old / No business conducted under this name.  
**Applicant Signature X** \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/> Personal Review \$49 <input type="checkbox"/> Business Review \$79 <input type="checkbox"/> Combined Review \$99 <small>(Personal &amp; Florida Business)</small> <input type="checkbox"/> Business Outside FL \$125 <input type="checkbox"/> Overnight (Current UPS Rates Apply)	<b>Type Of Card</b> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> Amex	Credit Card No. _____ Exp. Date _____ V Code _____ Billing Address _____ Of Credit Card _____ Signature of Card Holder: _____
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