

Fax To: 800.677.8494

# CIC REPORT REQUEST FORM

Phone: 800.288.4757 ext. 1  
<http://www.continfo.com>

ACCOUNT #		MANAGER		FAX		<b>REPORT TYPE (check)</b>
COMPANY				PHONE		<b>CR</b> - Consumer Credit Profile <b>CP</b> - Crossnet Profile <b>CNC</b> - Crossnet Complete <b>P</b> - Plus (add extra bureau) <b>CRM</b> - add Criminal Scan
<b>APPLICANT 1</b>						
	LAST NAME,		FIRST NAME		M.I.	
SSN	DOB		D. L. #		ST	SPECIAL
PRESENT ADDRESS						REFERENCE
	STREET		CITY		STATE	ZIP
PRIOR ADDRESS						
	STREET		CITY		STATE	ZIP
DATE DELIVERED		REPORT #		PROCESSOR		
<b>APPLICANT 2</b>						
	LAST NAME		FIRST NAME		M.I.	
SSN	DOB		D. L. #		ST	
PRESENT ADDRESS						
	STREET		CITY		STATE	ZIP
PRIOR ADDRESS						
	STREET		CITY		STATE	ZIP
DATE DELIVERED		REPORT #		PROCESSOR		
This report is confidential and is not to be disclosed except for person having permissible purposes as defined in the Fair Credit Reporting Act and other federal and state regulations. Neither CIC nor its sources or distributors warrant such information, nor shall they be libel for your use or reliance upon it. REV010107 wsbar						

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