

CREBITIRFOMET

www.creditinfonet_com.

4540 Honeywell Court Dayton, OH 45424 865.218.1003 & Facsimile 866.307.1003

_5S# ____--_-------------

Consumer Request & Agreement for Consumer Liability Report (CLR)

Name		S5#		
Spouse's Name (if joint)		SS#		
Address	City		State	_Zip
This writing constitutes my written instructions to Credit I owing. The completed results in the form of a creditor liab elements from this request may also be utilized for downloads.	dility report is to be deli	vered on-line or via	Fax to the C	IN Referral Agent. Data
	TERMS OF SALE		•	
The undersigned (hereinafter referred to as Consumer(s conditions, and agreements outlined below. The Fair Cre Permissible purposes of reports: that any consumer report instructions of the consumer to whom it relates The FCF information under false pretenses shall be fined under Title of these provisions of the law, the Consumer(s) agree to the prepared, and they have presented positive identifying infithem in (Sec. 604) (2) of the FCRA as disclosed above.	edit Reporting Act "FCF ing agency may provid RA also provides (Sec. e 18, or imprisoned not be following. They are t	e a report (Sec. 604 619) that anyone v more than one year he person(s) on who	508) provide) (2) In acco who knowing r, or both. Hi om they are i	es in section (Sec. 604) ordance with the written gly and willfully obtains aving been made aware requesting the report be
The Consumer(s) agree that the sole purpose and obligation obtain a report consisting of the data from national cred Consumer(s) may utilize or share a report that is ordered report is delivered to their possession Credit Infonet and its	it files at their written at their written instruct	instructions. ine i ions. Consumer(s) a	rcka piaces icknowledge	s and agree that after a
Credit Infonet agrees that it will provide the Consumer of Creditors listed with balances owing. Credit Infonet shall information furnishers (Credit Grantors or Public Records of in this report. Consumer(s) agree to pay in advance the fee	provide, when availal ources) within the file. I	oie the names, addi No additional informa	ress, and all ation from th	rect phone numbers of
Signature	Spouse's (if Joint)			•
Date Product Requested:	CLR (2) Repository CLR (3) Repository	•	dual	
Referral Agent Code <u>A 5740</u> Na	me_ <i>CHRISTMF</i>	TW. # FASCE	77A- L	<u> </u>
Phone (<u>410</u>) <u>494-8388</u> Fax (<u>410</u>) <u>495</u>	1-8389 *	E-mail_CHR BANKRUP	ISTMANTCY HS	J-FA3CETTA(
	unct and a photocomy	of proper picture	identificati	on must be faxed to:

Prior to accessing the CLR Report this Consumer request and a photocopy of proper picture identification mus 800-803-3307. Alternatively it may be scanned and up-loaded to the CIN On-Line transaction.

Picture ID may be copied on lower portion of this order or as a separate attachment. May also be printed on legal for additional space.

