



EXPERIAN BUSINESS CREDIT REPORT REQUEST

Date _____

Member Company _____

Contact _____

Email _____

BUSINESS REPORT REQUEST FOR:

COMPANY NAME _____

ADDRESS _____

CITY, STATE ZIP _____

PHONE _____

ProfilePlus SM Report	CreditScore SM Report
<p>SINGLE DETAILED BUSINESS CREDIT REPORT WITH SCORE</p> <ul style="list-style-type: none"> ▶ Receive company's full details on tradelines and payment trends, days beyond terms, credit inquiries, collections and UCC filings, judgments and liens. ▶ Includes the credit score to quickly determine credit worthiness. ▶ Experian's premium business credit report. <p>\$35.00 each (Member price)</p> <p>View sample</p> <p>Purchase Report</p>	<p>SINGLE BASIC BUSINESS CREDIT SCORE REPORT</p> <ul style="list-style-type: none"> ▶ Receive company's payment summary information, UCC and public record counts, key facts and registration. ▶ Includes the credit score to quickly determine credit worthiness. ▶ Experian's standard business credit report. <p>\$17.00 each (Member price)</p> <p>View sample</p> <p>Purchase Report</p>



EXPERIAN BUSINESS CREDIT REPORT REQUEST

I GIVE PAF AUTHORIZATION TO CHARGE MY CREDIT CARD FOR:

Choose one

_____ **Business Profile - \$35.00**

_____ **Credit Score - \$17.00**

ACCOUNT TYPE _____ **MC** _____ **VISA** _____ **AMEX**

CREDIT CARD # _____

EXPIRATION DATE _____

SECURITY CODE* _____

BILLING ZIP CODE _____

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

AMOUNT \$ _____

**PLEASE COMPLETE THIS FORM AND FAX IT TO PAF
AT (407) 240-8333**

6250 Hazeltine National Drive, Suite #114, Orlando, FL 32822 • (407) 240-8009 • members only (800) 331-0461

fax (407) 240-8333 • e-mail: Kasondra@FLprint.org • www.FLprint.org