

Credit Report Order Form
Holloway Credit Solutions, LLC

Post Office Box 230609 ♦ Montgomery, AL 36123

Phone (800) 264-2700 ext. 1310 / (334) 396-1310 ♦ Fax (800) 489-0067 / (334) 396-1350

For faster processing you may fill out this application online at www.hollowaycredit.com!

Please fax this application with your credit card payment or mail it with your check in the enclosed postage paid envelope.

The credit report fee is \$35.00 for all applicants.

Type of Application:

Individual

Corporation or LLC

Partnership

File Number: _____

OR

New Applicant

Applicant Information:

Name _____

(If the license is for a corporation, LLC or a partnership, use company name)

Mailing Address _____

City _____ State _____ Zip _____

Business Phone (_____) _____ Fax (_____) _____

E-mail address _____

List any other names you do business under _____

If you hold the license as an INDIVIDUAL, provide the following information.

Name _____ Social Security Number (optional) _____

Address _____ City _____ State _____ Zip _____

If you hold the license as a CORPORATION or LLC, provide the following information.

Officer / Member _____ Title _____

Officer / Member _____ Title _____

If you hold the license as a PARTNERSHIP, provide the following information.

Information about additional partners may be attached on a separate sheet.

Number of partners _____

Check here if your partnership is LESS than one year old.

Name _____ Social Security Number (optional) _____

Address _____ City _____ State _____ Zip _____

Name _____ Social Security Number (optional) _____

Address _____ City _____ State _____ Zip _____

By submitting this form, you authorize Holloway Credit Solutions, LLC ("HCS") to obtain credit reports as needed or required by the State of Alabama, Home Builders Licensure Board. You also authorize HCS to contact additional references to provide us with information regarding their credit experience with you or your company. HCS shall not be liable to you or your company for any loss resulting from said reports and their preparation, including but not limited to loss of business or contracts from information contained in the reports. HCS shall use all reasonable efforts to make sure that all the information within the reports is accurate in accordance with the terms of this agreement. HCS will provide you, your company and/or each partner with a copy of the report along with an information sheet to help you interpret the information on the report and how to handle any discrepancies.

Signature _____ Title _____ Date _____

Method of Payment

Please select the method of payment you prefer. Payment must be received to release your report.

If paying by credit card, to avoid duplication of charge do not mail application after faxing.

American Express

VISA

MasterCard

Check or Money Order

Cardholder's Name _____ Billing Address _____

Account Number _____ Card Verification Number _____ Expiration Date _____