

CREDIT JUSTICE SERVICES, LLC

CREDIT REPORT SUBMISSION FORM

Please Fax to 904-757-0380

I, _____, have been verbally authorized by my Client _____, to order a consumer credit report/s on their behalf. The information will be used for the purpose of analyzing my credit report for a loan.

Client Name: _____

Client Address: _____

Client Phone Number: _____

Client E-Mail Address: _____

Client Social Security #: _____

Client Birth Date: _____

Payment Form		# of Payments
ATM	_____	One time payment \$35.00
Visa	_____	
MasterCard	_____	
Amex	_____	
Other	_____	Total amt. owed \$35.00

Credit Card #: _____

Expiration date: _____ **Card Verification#:** _____

Name on card: _____

Billing address on card: _____

Certified Credit Consultant: The Financial Group, LLC (Signature)

CCC Phone: 904-683-6056 CCC Fax: 904-826-4109

CCC E-mail: credit@thefinancialgroupllc.com

***All credit reports must be handled with the strictest confidence and in a locked cabinet if they are not actively being used. ***