

**CREDIT JUSTICE SERVICES, LLC**  
**SCORING SUBMISSION FORM**

**Please Fax to 904-757-0380**

**Client's Name:** \_\_\_\_\_

A/E Name (if applicable): \_\_\_\_\_

CCCs Name (if applicable): THE FINANCIAL GROUP LLC \_\_\_\_\_

Referral Person (if not A/E or CCC): \_\_\_\_\_

**Return via Fax or E-mail:**

E-Mail Address:  
\_\_\_\_\_ credit@thefinancialgroupllc.com \_\_\_\_\_

Fax Number: \_\_\_\_\_

**A/E or CCC Contact Information:**

Phone Number: \_\_\_\_\_ OFFICE: 904-683-6056\_\_ CELL: 904-655-0685 \_\_\_\_\_

**Any Special Request:**

<b>Credit Justice Services use ONLY</b>	
Date in: _____	Scoring Consultant _____
Time in: _____	Via: E-mail _____ or Fax _____
Date returned: _____	
Time returned: _____	

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