

CAL COAST CREDIT REPORTS
1663 Mission St. #603, San Francisco, CA 94103
Phone (415) 252-2888 Fax (415) 252-2822
www.calcoastcredit.com

REQUEST FOR BUSINESS CREDIT REPORT

Requester / Client Information

Company _____ Contact _____

Phone _____ Fax _____

E-mail Address _____

Company You Are Requesting Business Report On

Company Name _____

DBA _____ Tax ID# _____

Address _____

City _____ State _____ Zip _____

Phone _____ Contact _____

Other Known Address _____

City _____ State _____ Zip _____

The Cost of \$75 for the report will be billed to Requester's Account.

Authorization is hereby granted to Cal Coast Credit to obtain a business profile report on the above business from Experian or one of its affiliates. Requester agrees that information is furnished for purposes deemed permissible and in compliance with the Fair Credit Reporting Act. Moreover, Requester acknowledges that he or she has received written authorization from the business they are requesting a report on, and understands that information is not to be used for any reasons beyond that of the permissible purpose, and information is to be held in strict confidence and must not be revealed to any outside parties. Requester further understands that information is obtained from sources deemed reliable, the accuracy of which Cal Coast Credit does not guarantee. The inquirer has agreed to indemnify the reporting bureau and Cal Coast Credit for any damages arising from the use as well as misuse of any information.

Name of Requester/Client _____

Signature _____ **Date** _____