

CAL COAST CREDIT REPORTS

1663 Mission Street, #603, San Francisco, CA 94103

Phone (415) 252-2888

Fax (415) 252-2822

PHYSICAL INSPECTION CHECKLIST

Onsite inspection is required prior to granting access to credit information. Requirements may include a photo of the outside signage, and a photo of the inside showing furnishings. The inspection must be conducted by a third neutral party that is not employed with your company.

Business Name: _____ **Phone:** _____

DBA (if applicable) _____ **Contact:** _____

Address: _____ **Person Interviewed:** _____

City, State, Zip: _____ **Inspection Date:** _____ / _____ / _____

1) Is the office located in (circle one): commercial building; private residence; apartment complex; other _____.

2) Is the office space shared with another business? YES NO

If YES, what is the other company's name and what type of services are provided? _____

3) Does the business have appropriate furnishings, office equipment, telephones, trade association plaques, etc.? YES NO

4) Is the company actually located at the address stated on the Inspection Request Form? YES NO

5) Other types of businesses in immediate area: _____

6) Is there evidence (advertising, letterhead, business cards, etc.) that the company is involved in or associated with credit repair, investigative activity, legal services of any kind, or any other unsuitable business? YES NO

If YES, explain: _____

7) Is the business license displayed in the office? YES NO

If our company has not received a copy of the business license or broker's license, please make a copy and fax it back to us.

8) Are there customer files present? YES NO If NO, explain: _____

9) Is there a permanent sign that identifies the company? YES NO

If YES, where is it located (circle): on door; on window; lobby/building directory; other _____

10) Is the company listed in the yellow pages or similar listing? YES NO Verified by _____

11) Has the bank account been verified (for CCCR to complete)? YES NO Verified by _____

Comments: _____

INFORMATION ON THE INDIVIDUAL OR COMPANY CONDUCTING THE PHYSICAL INSPECTION:

Inspection Performed by: _____ **Employer:** _____

Signature: _____ **Address:** _____

Contact Number: _____

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ADDITIONAL REQUIREMENTS FOR HOME OFFICES

Businesses operating out of their home must also meet the following requirements:

Experian and Equifax requirements (Please check all applicable items):

- Office is physically separated from living quarters (i.e. living room).
- Security measures restricting access for business use only (i.e. lockable file cabinets, password to computers, etc.).
- Verification of Sole Proprietorship/Partnership/Corporation business license from country or state government.
- Separate phone number for the business.
- Business is listed in the Yellow Pages or similar listing.

Trans Union requirements:

- Sign indicating business name is visible from the street (i.e. On door, window, mailbox, etc.).
- At least one employee other than the owner.
- Separate entrance to the office that can be locked and unlocked.

Note: The person conducting the physical inspection must be a neutral third party. The person must not be related to the owner or an employee of the company. Additionally, the signature of the person conducting the inspection must be notarized by a notary public.

INFORMATION ON THE INDIVIDUAL OR COMPANY CONDUCTING THE PHYSICAL INSPECTION:

Inspection Performed by: _____ **Employer:** _____
Signature: _____ **Address:** _____
Contact Number: _____