

ON-SITE INSPECTION FEE ORDER FORM

__ I AGREE TO PAY THE ANNUAL \$75 INSPECTION FEE IN ORDER TO RECEIVE HARD COPIES OF CREDIT REPORTS.

Name _____

Contact Phone Number _____

Address _____
(Home or Business Office)

Company Name (if applicable) _____

Credit Card Information for \$75.00 charge

Credit Card Type	Card Number	Exp. Date	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Name as it Appears on Card		CVV Code (3 digits on back)	
Street Address	City	State	Zip