

CREDIT
REPORT REQUEST FORM

CBC Innovis Specialized Services

5 West Monument Ave. Dayton, OH 45402
Phone: 1-800-286-1825 Fax: 1-800-556-4318
Local Phone: 937-220-6888 Local Fax: 937-220-6880

Member Number: _____ Contact Person: _____

Member Name: _____ Turn-Key Management Realtors

Address: _____ 997 N. Market St., Suite 4, Troy, OH 45373

Phone: _____ 937-335-7176 Fax: _____ 937-335-8177

(please check desired services)

Fax Back

Mail Back _____

Conviction Report _____

(Date of Birth Required)

Individual Report _____

Joint Report _____

Eviction Report _____

(Date of Birth Required)

Applicant Name: _____ DOB _____
First M.I. Last

Address: _____
CITY STATE ZIP

Former Address: _____

Social Security Number: _____ County: _____

Employer: _____

(If joint report, please give co-applicant information)

Co-Applicant Name: _____ DOB _____
First M.I. Last

Address: _____
(If different than above address) CITY STATE ZIP

Former Address: _____

Social Security Number: _____ County: _____

Employer: _____

I authorize _____ to obtain a copy of my credit and/or conviction, eviction report.

Applicants Signature

Date

Co-Applicants Signature

Date