

Date:	Account #:	_ Account #:		
Client Name	Signature Of Applican	t		
Authorized Business Representative Signatu	re Applicant Name (Plea	Applicant Name (Please Print)		
Authorized Business Representative (Please Print)	Social Security Number	Social Security Number		
I agree to a credit bureau review by E-Service, Inc.	Address Line	Address Line		
2 6077160, 11157	City	State	Zip Code	
I further agree to provide any documentation as required to process my account.	Home Phone	Cell Phone		
account.	Employer Name	Employer Name		
I agree to allow any 3 rd Party Creditor, Attorney, Power of Attorney, or Person(s) with Power of Attorney to have a	Work Phone / Ext #	Email		
copy of my report.				

EMAIL THIS FORM TO: ESERVCLT200@GMAIL.COM

Include a copy of your State Issued Driver's License/ID for Verification

If joint applicants are applying for credit, please submit one form for EACH applicant.

*Any 3rd party request to send a credit report is responsible for storage of the credit report and is not a liability to E-Service Incorporated. Once the report leaves our office (requested by the consumer) you agree and understand that E-Service Inc. will not be held liable for any storage of the report(s) that are sent to any 3rd party creditor or other.

*Copies of reports are received every 15 minutes. Once completed, if you have not received a report, please contact our office.

Please Note: (Business Clients) make all final decisions to extend credit. Any credit report pulled is strictly confidential. All information that appears within any individual's credit report can only be used for private use by E-Service Inc. & Nonbusiness customers will be required to answer 3 identifying items in your report.

Please understand that any activity such as criminal prosecution for bad checks, fraud, and/or judgements are strictly confidential. This report may show other derogatory information. This information will not be released to any third party unless E-Service Inc. has been given the authorization to do so.