

Instructions for Stability Review/Credit Report Application

__ If Applying for personal only

- 1. Complete top portion of application including
 - a. Social
 - b. Date of birth
 - c. Complete address
 - d. Payment information at bottom of application
- 2. Print sign & return or you can download the application, complete & digitally sign.

__ If Applying for Business Only

- 1. Complete bottom portion of application including
 - a. Complete business & (d/b/a fictitious trade name filed if applicable)
 - b. All information for officers as listed with the Depart of Corporations (Corp Title, Social & % of ownership)
 - C. Payment information at bottom of application
- 2. Print sign & return or you can download the application, complete & digitally sign.

__ If applying for both Personal & Business

- 1. Complete both top & bottom portion of application including
 - a. Social, date of birth & complete address for license holder/applicant,
 - b. Complete business name (d/b/a fictitious trade name filed if applicable)
 - c. All information for officers as listed with the Depart of Corporations (Corp Title, Social & % of ownership)
 - d. Payment information at bottom of application.
- 2. Print sign & return or you can download the application, complete & digitally sign.

Return application to our office via email to info@activatemylicense.com or via fax to 813-932-3782. All applications are processed in the order received and should be processed in 1 to 2 business days from the time of receipt. Reports will be returned to you via email provided with a password protected file. If you have a Yahoo email address that reports will be sent to, please add info@activatemylicense.com to your contacts to avoid reports going to your junk / spam folder.

Note: d/b/a (aka) fictitious trade name is a business name filing other than your Corporation/LLC name. If you do not have a D/B/A leave the D/B/A section blank.



— SERVICING THE BUILDING TRADES—
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info@activatemylicense.com

Personal & Business FINANCIAL STABILITY REVIEW

Includes Federal, State and County Public Records Check

It is your responsibility to ensure that your credit is unlocked. Additional charges will apply if credit is locked.

Name of Contractor		Email Addre	ess:			
LOCAL CREDIT REPORTS	DBF	R CREDIT REPORTS				
County or City (These Reports Can Only Be Sent Directly To The Above County / City)		vord Protected Email હ	ast 4 of ss# for Personal /	/ last 4 FEII	N for Business)	
Please check if applyin	g for PERS	ONAL				
Name		Birth Date	SSN			
Address		City		_ST	Zip	
Address	Work Phor	ne	Email			
Previous Address (if less than 2 years)		City		_ ST	Zip	
Have you ever had a Bankruptcy,						
DateCou	nty					
I authorize Contractors Reporting Service Contractors Reporting Service Inc. is not Applicant Signature X	responsible for inf	formation contained in, and is	unable to change any	information		
7.pp.:.ca.it 0.g.:ata. 0.21						
Please check if applyin	g for BUSIN	IESS				
Business Name						
DBA						
Address				ST	Zip	
County						
	NAMES OF OFFICERS			CITY / STATE / ZIP		
Has business entity ever had a Bankı	ruptcy. Judament	(s) or Lien(s)? Yes	No If yes, please fax application to be i	copy of rele	ease with	
•		, ,		nciuded in	report.	
■ New business less than one year of	ld / No business	conducted under this name	е.			
Applicant Signature	X			Da	ate	
☐ Personal Review \$49 Tvi	on Of Card	Credit Card No				
□ Business Review \$79	Type Of Card Visa Master Card Discover Amex	Exp. Date	V Code			
(Personal & Florida Business)		Billing Address				
		Billing Zip				
• /		Name of Card Holder:				
		Signature of Card Hold				