

CREDIT SCORE DISCLOSURE REQUEST

Important Notice: Obtaining information under false pretense is illegal. Obtaining a file on someone other than you is punishable by law. To process your request please complete the form below. **Please print clearly.** (An unreadable request form will be returned to you as unprocessed. An unsigned form will be returned to you as unprocessed. A form received without a legible and valid driver's license, or other government issued photo ID will be returned to you unprocessed.)

1. NAME

Last: First: Middle:

Maiden Name (Or other last name used):

2. ADDRESS AND FAX INFORMATION

Your credit score will be mailed to this address only if it matches the address on your government issued photo ID, otherwise provide additional proof of this address such as a utility bill, mortgage statement, lease agreement, etc.

Address (Street, PO Box, Apt. #):

City: State: Zip:

Fax Number (By providing your fax number, you authorize Clarity Services, Inc. to fax correspondence pertaining to your credit score):

*Please note that your credit score will be mailed to this address. If you wish to receive this file via fax, please provide your fax number, below.

3. IDENTITY INFORMATION

Social Security Number (Do not include hyphens or dashes when printing your social security number)

Driver's License Number (Photocopy still required) State Driver's License Issued Date of Birth (MM/DD/YYYY):

If your address does not match the address listed on your government issued photo ID, further proof of address will be required. Examples: Photocopy of utility bill, mortgage statement, lease agreement, etc.

4. APPROVAL.

Signature Date (00/00/00):

To order by mail: PO Box 5717, Clearwater, FL 33758 (Mail this form, a copy of government issued photo ID.)

To order by fax: 727-712-9040 (Fax this form and a copy of government issued photo ID.)

