



Dear Contractor:

Merchants Association is pleased to assist you in your license application. Please select the appropriate application form below.

The **Individual License Report Application** is used to request a License Credit Report on an individual. The **Business License Credit Report Application** is used to request a Business License Credit Report on a business.

### **Application Instructions**

1. Complete all information requested on the appropriate application.
2. Include a copy of the Drivers License with the Individual credit report application.
3. Mail the application along with a check or money order for **\$100.00** for the **Business Credit Report** and **\$75.00** for the **Individual License Report** (*include copy of drivers license*) to the address listed below. (If the same reports are needed for additional agencies, please complete a separate application and enclose the corresponding additional fee of **\$25.00** for each additional report needed.)

A completed Individual/Business Credit Report will be mailed to the agency designated on the application within 48 hours of receipt. A copy will also be mailed to the address on the application for your records along with a receipt.

Merchants Association will not accept applications via facsimile. License Credit Reports will not be prepared unless accompanied by payment in full.

If you should have any questions, please contact us at (800) 226-4264.

Thank you for your business and patronage.

**MAF Mortgage Services  
License Report Division  
12401 Orange Drive, Ste 129  
Davie, Florida 33320  
(800) 226-4264**

**BUSINESS LICENSE CREDIT REPORT APPLICATION**

Date: \_\_\_\_\_

Licensing Agency Mail report to: \_\_\_\_\_

**Please complete all information below**

Federal Tax ID #: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

List any DBA's: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: \_\_\_\_\_

Check One: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Date Incorporated: \_\_/\_\_/\_\_ Date Business Commenced: \_\_/\_\_/\_\_ Number of Employees: \_\_\_\_\_

<u>Name</u>	<u>Principals</u>	<u>Title</u>	<u>Date Started</u>

Bank Reference: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Credit References(Business Suppliers)**

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>

You understand and agree that by submitting and signing below you are providing "written instructions" in accordance with the Fair Credit Reporting Act, as amended ("FCRA"), for MAF to obtain information from your personal credit profile from Experian or any other credit reporting company. If for your company, you are also authorizing MAF to pull the necessary reports that the office of the Department of Business and Professional Regulation (DPBR) requires.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Individual License Report Application

Date: \_\_\_\_\_

Mail Report to:  
Licensing Agency

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If less than two years

Previous Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employment: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

You understand and agree that by submitting and signing below you are providing "written instructions" in accordance with the Fair Credit Reporting Act, as amended ("FCRA"), for MAF to obtain information from your personal credit profile from Experian or any other credit reporting company. If for your company, you are also authorizing MAF to pull the necessary reports that the office of the Department of Business and Professional Regulation (DPBR) requires.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

Amount Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_