

East San Diego County Association of REALTORS®

1150 Broadway El Cajon, CA 92021

(619) 579-0333 (619) 588-6510 FAX

Email: dawn@esdcar.org

REALTORS® Credit Report Request

Date: _____ Phone: _____ (circle one): call when done / pick-up after 3 p.m.

Agent Name: _____ Agent I.D.#: _____

Office Name: _____ Office I.D.#: _____

**** Please Note: Credit Report cost is incurred regardless of results** Please print legibly:**

BORROWERS INFORMATION:

FIRST NAME: _____ MIDDLE: _____ LAST: _____

SOCIAL SECURITY: _____ - _____ - _____ *(MUST HAVE TO RUN REPORT)

AGE: _____ MARITAL STATUS: _____

SPOUSE (SAME LAST NAME) INFORMATION (IF APPLICABLE):

FIRST NAME: _____ MIDDLE: _____ LAST: _____

SOCIAL SECURITY: _____ - _____ - _____ *(MUST HAVE TO RUN REPORT)

AGE: _____

CURRENT ADDRESS (2 YEARS); * (MUST HAVE TO RUN REPORT)

NUMBER: _____ DIR: _____ STREET: _____ TYPE: _____

APT # _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER; * (MUST HAVE TO RUN REPORT)

() _____

BORROWERS CURRENT EMPLOYMENT:

EMPLOYER: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPOUSE'S CURRENT EMPLOYMENT (IF APPLICABLE):

EMPLOYER: _____ POSITION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STAFF ONLY:

SINGLE \$ 8.00 _____ JOINT REQUEST: \$ 12.00 _____ (IN STATE)
SINGLE \$ 12.50 _____ JOINT REQUEST: \$18.50 _____ (OUT OF STATE)

TIME PHONED IN: _____
REPORT
TAKEN BY: _____