



CIC Mortgage Credit, Inc

“Quality credit reports with quality service”

NEW USER REQUEST FORM

Company Name: _____ Account # _____

Authorized name: _____

Authorized signature: _____ Date: _____

Email address: _____

New user name: _____ Phone # _____

Email address _____

User options all must be checked:

Is this user an administrator? (View invoice and add users) Yes No

May this user see credit files belonging to other users Yes No

Require to pay by credit card (if yes credit card info required) Yes No

Any restrictions please explain:

CREDIT CARD TYPE: (CIRCLE ONE) AMEX VISA MASTERCARD

NAME ON CREDIT CARD: _____

CREDIT CARD # _____ EXPIRATION DATE: ____/____/____

CC BILLING ADDRESS: _____

I HEARBY AUTHORIZE THE ABOVE CREDIT CARD TO BE CHARGED FOR ALL CHARGES IN FULL ASSOCIATED WITH MY USER NAME FOR THE ABOVE CLIENT.

SIGNATURE: _____

DATE: _____ PERSONAL TELEPHONE NUMBER: _____

Please fax the completed request form to 615-292-3587

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615.386.2282 • fax 615.292.3587

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