



Network Credit Services

"Your Credit Reporting Specialists" a division of 

Request for Credit History from Client # _____

Please check 1 or more of the following: *** Include Borrower's Authorization If Available**

Request for Credit:

Equifax Experian TransUnion Trimerge

Borrower Name: _____

Borrower Social: _____

Co-Borrower Name: _____

Co-Borrower Social: _____

Address: _____

City: _____

State: _____ Zip: _____

Request for full RMCR _____

Please make sure that the 1003 application is attached and that the names, SS#'s, addresses, employments and rental information (if applicable) are complete and legible. Thank you!

Request for changes / Supplements

*** Include Borrower's Authorization If Available**

Name: _____ SS#: _____ Reference #: _____

Additional Comments / Instructions:

Person Requesting: _____ Signature: _____