

**CREDIT**  
**REPORT REQUEST FORM**

**CBC Innovis Specialized Services**

5 West Monument Ave. Dayton, OH 45402  
Phone: 1-800-286-1825 Fax: 1-800-556-4318  
Local Phone: 937-220-6888 Local Fax: 937-220-6880

Member Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Member Name: \_\_\_\_\_ Turn-Key Management Realtors

Address: \_\_\_\_\_ 997 N. Market St., Suite 4, Troy, OH 45373

Phone: \_\_\_\_\_ 937-335-7176 Fax: \_\_\_\_\_ 937-335-8177

(please check desired services)

Fax Back

Mail Back \_\_\_\_\_

Conviction Report \_\_\_\_\_

(Date of Birth Required)

Individual Report \_\_\_\_\_

Joint Report \_\_\_\_\_

Eviction Report \_\_\_\_\_

(Date of Birth Required)

Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

**First M.I. Last**

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

CITY STATE ZIP

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

Social Security

Number: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_

(If joint report, please give co-applicant information)

Co-Applicant Name: \_\_\_\_\_ DOB \_\_\_\_\_

**First M.I. Last**

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

(If different than above address)

CITY STATE ZIP

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

Social Security

Number: \_\_\_\_\_ County: \_\_\_\_\_

Employer: \_\_\_\_\_

I authorize \_\_\_\_\_ to obtain a copy of my credit and/or conviction, eviction report.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicants Signature

\_\_\_\_\_  
Date