



CREDIT REPORT REQUEST

P.O. Box 1042, Lowell, MA 01853-1042
Tel (978) 459-8490 Fax (978) 459-0194 www.mvhp.org

Person 1:

LAST NAME: _____

FIRST NAME: _____ Middle Initial _____

PRESENT ADDRESS: _____

Number Street

City State Zip

SOCIAL SECURITY NUMBER: _____ DATE of BIRTH: _____ AGE: _____

_____/_____/_____
(mm/dd/yy)

Person 2:

LAST NAME: _____

FIRST NAME: _____ Middle Initial _____

PRESENT ADDRESS: _____

Number Street

City State Zip

SOCIAL SECURITY NUMBER: _____ DATE of BIRTH: _____ AGE: _____

_____/_____/_____
(mm/dd/yy)

The fee for this credit report is \$11.15 for one person and \$22.30 for two persons.
Each person will receive a separate credit report.

It includes credit information from two reporting agencies: **TransUnion and Experian.**

THIS FORM MUST BE SIGNED BY EACH PERSON FOR WHOM A CREDIT REPORT IS REQUESTED.

I/we certify I am/we are the person(s) named above and that I am/we are submitting this request for my Credit Report.

SIGNED: _____ DATE _____

SIGNED: _____ DATE _____