



**CANADIAN CREDIT REPORT  
ORDER FORM**

**VILMA DALE EXT 4325**

**PHONE 800-600-2510**

**FAX 800-600-2508**

Date: \_\_\_\_\_

Requester: \_\_\_\_\_

Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Fax: \_\_\_\_\_

Account # \_\_\_\_\_

\*Please print

\*The following information needed is pertaining to Canada.

Borrower's Name : \_\_\_\_\_

Borrower's SIN #: \_\_\_\_\_

Co-borrower's Name : \_\_\_\_\_

Co-borrower's SIN #: \_\_\_\_\_

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

Check the following if applicable:

Equifax [ ] \$65.00

I may have questions, please call me [ ]

Other [ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_