



REQUEST FOR ACCOUNT UPDATE/CHANGES

Subscriber Name: _____ Account/Customer ID# _____

Change of PHYSICAL address (**Where files are stored**) _____

Change in BILLING address _____

Change in: Telephone Number Fax Email address

Change in Subscriber's name (ex. company name change, individual client changing last name)

For clients with multiple accounts or "billing redirective" Add or Delete*
buildings/properties (*Buildings no longer managed by your firm should be deleted ASAP) *May attach list*

Request that a certain report type is ALWAYS processed (Check all that Apply)

Tenant Screening: Credit Eviction Criminal Bad Check Search

Social Security Trace Reference Verification CrosXscore Decision

Other _____

Employment: Credit Criminal Reference Verification

Social Security Trace Worker's Comp Drug Screening

Other _____

Phone/Fax Accts only Add Delete person(s) authorized to call in reports

Request special instructions to phone/fax processing dept. _____

Request an account for **employment screening** purposes

Request **online access** for consumer credit reports

Request online access for Experian **BUSINESS** credit reports (min. 5 business rpt/month)

I certify that I am authorized to request these changes indicated above.

Signature _____ Date _____

Print Name & Title: _____ Phone _____

Email Address _____

Return **completed and signed** form to 1-888-797-2254 or email to compliance@cicreports.com