



Credit Report Order Form
ATTN: Angela Johnson
Client ID: DEIS
Your reference #:

EXPORT INSURANCE SERVICES, INC.
P.O. 211837
Augusta, GA 30907-1837
PH: 706-210-4379 FX: 706-210-4389

May we release your company's name to the subject? YES ___ NO ___

Please provide a NORMAL ___ / EXPRESS ___ credit report about the following

Company: _____

Address: _____

Country: _____ Contact: _____

Tel: _____ Fax: _____

BANK: _____ Account: _____

Address: _____

Contact: _____ Tel: _____

TRADE REFERENCES:

Name: _____ Name: _____

Address: _____ Address: _____

Tel: _____ Fax: _____ Tel: _____ Fax: _____

Contact: _____ Contact: _____

SPECIFIC QUESTIONS:

*ORDERS RECEIVED AFTER 11:00AM (EST.) WILL BE PROCESSED THE NEXT WORKING DAY