



DIVERSIFIED FINANCIAL SERVICES

Date: _____

Account #: _____

Client Name _____

Signature of Applicant _____

Authorized Business Representative Signature _____

*Applicant Name (please print) _____

Authorized Business Representative Name (please print) _____

Social Security Number _____

Date of Birth _____

I agree to a credit bureau review by E-Service, Inc.

Applicant Initials

Address _____

City _____

State _____

Zip _____

I further agree to provide any documentation as required to process my account

Applicant Initials

Home Phone _____

Cell Phone _____

Employer Name _____

I agree to allow any 3rd Party Creditor, Attorney, Power of Attorney, or Person(s) with Power of Attorney have a copy of my report

Applicant Initials

Work Phone / Ext # _____

EMAIL THIS FORM TO:

ESERVCLT200@GMAIL.COM

*** If joint applicants are applying for credit, please submit one form for per applicant.**

Please note: Any credit report pulled is strictly confidential. All information that appears on any individual's credit report can only be used for private use by E-Service - Inc.

Please understand that any activity such as criminal prosecution for bad checks, fraud, and/or judgements are strictly confidential. This report may show other derogatory information. This information will not be released to any third party.

E-Service Inc.

P.O. Box 51475 ♦ Mesa, AZ 85208

PH: (480) 982-5124 / FAX: (480) 983-1605