



Consumer/Commercial Report Request Form

Fax: 1-800-465-4430 or 514-493-2553

Equifax Member No. *Consumer: _____ *Security Code _____
*Commercial: _____ *Security Code _____

Company: _____
Requested by: _____ Fax No. _____
Phone No. _____

You MUST supply your Equifax member number and security code in order for your request to be processed.

Please check the appropriate box(es) for the products desired:

Consumer Services:

Products:

- Credit File
- Joint Credit File
- National Format
- Joint National Format
- Service 222

Commercial Services:

Products:

- Credit File
- Business Principal *

* You must provide the person's name & Address.
Birth date & SIN is optional

A full first name, last name and address are required for Consumer Reports.

Complete the necessary sections pertaining to your selection:

*Name (Company or Individual): _____
 Spouse (if request is for a joint file): _____
 *Address (**Full Address Mandatory**): _____

 Job Title: _____
 Employer: _____
 Birth Date: _____ SIN: _____
 Spouse Birth Date: _____ Spouse SIN: _____
 Phone Number: _____

*Name (Company or Individual): _____
 Spouse (if request is for a joint file): _____
 *Address (**Full Address Mandatory**): _____

 Job Title: _____
 Employer: _____
 Birth Date: _____ SIN: _____
 Spouse Birth Date: _____ Spouse SIN: _____
 Phone Number: _____