



TYRONE'S CLEAN CREDIT SOLUTIONS

CLIENT INQUIRY SHEET

CLIENT INQUIRY INFORMATION

Date

Requested: _____

Client Name: _____

Client Address: _____

Client SS# _____ Date Of Birth _____

E-Mail Address: _____ Client Phone: _____

INQUIRY DETAILS

Complete the form and give it to your respectful representative. All inquiries will be addressed within 48 hours of receipt.

This is a formal letter for our records, that you _____ the customer is giving TYRONE'S CLEAN CREDIT SOLUTIONS permission to request your credit report. This is for our office use only to review, which will determine if we can provide our services to the client. Please fill out the above information.

Signature: _____

NOTE – Attach all supporting documentation.

FOR HUMAN RESOURCE USE ONLY

Date Replied: _____

Rep. Signature: _____

TYRONE'S CLEAN CREDIT SOLUTIONS "GET A FRESH START IN LIFE"

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