Site Inspection Form

Company Name: dba (if applicable)				
Addres	ss Inspected:			
Α.	Is the company located at the exact address provided by If not, please explain:	/ the client? Yes	🗌 No	
В.	Is the applicant working out of his/her home? If Yes, is there physical separation of business and living If Yes, is the company listed in a directory/trade associat) quarters? 🗌 Yes	☐ No ☐ No	
C	listing.)		🗌 No	
	How many full-time employees were on the premises? Is there a permanent sign identifying the business? If Yes, does it reflect the same name as provided on the If No, what is the exact name appearing on the sign?		☐ No ☐ No	
E.	Does the company share space with another firm? If Yes, is there any affiliation between the companies? Will both companies use the credit reports? Name of other firm(s): Nature of other firm's business:	🗌 Yes	☐ No ☐ No ☐ No	
F.	Does the space appear to be a temporary/ executive fac e.g. shared receptionist, within a commercial setting If Yes, provide comments below and list the leasing age		🗌 No	
	Do the space, furnishings, office equipment and inventor business noted? Are the company's marketing materials displayed? Do they match the type of business noted above? If available, collect samples of brochures, business card	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No	
I.	Is there any evidence indicating that the company or any or associated with credit repair?	Yes	🗌 No	
	Is there any evidence indicating that the company or any associated with brokering, reselling, or releasing credit r Is there any evidence indicating that the company or any	eports? Yes	🗌 No	
L.	or associated with investigative, detective, or private investigative, law enforcement, or similar activity? If Yes to any of part H, state what evidence (i.e., advertise business cards, etc.) and attach samples, if available.	Yes	🗌 No	
Inspec	ction sign-off			
Signature: Da		Date:		
Print N	Name:			
Client certification				
I certify by signature below, that I personally met with the Reseller and/or their agent/vendor to enable them to complete this site visit:				

Signature:	 Date:
Print Name:	
Position/Title:	