

BUSINESS COUNSELING INTAKE FORM

Complete this form to receive free business counseling from the BEDC,

CLIENT INFORMATION

	Last Name:	Middle Name:
Current Address:		Zip Code:
City:	State:	Home Phone: Home phone is optional
Business Phone:	Cell Phone:	
Race:	Number in Household:	Gender:
Birthdate:	Marital Status:	
		Only if purchasing credit report
	BUSINESS INFORMATION	
Internet	SalesOther	
Indicate briefly, the nature of se	rvice and/or counseling you are seeking	
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201 W. FLORIDA MIDLAND, TX 79701 PHONE: 432.684.4309 FAX: 432.684.4821 BEDC@MIDLAND.EDU



CREDIT REPORT AUTHORIZATION AND RELEASE

I would like to participate in Midland College BEDC counseling services to improve my credit score and/or housing situation.

I hereby authorize CoreLogic Credco, LLC ("CREDCO") to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to my housing/credit counseling agency, Midland College BEDC to provide housing/credit counseling services. I authorize CREDCO to provide follow-up credit reports to the Midland College BEDC for verification of credit score improvement. I understand that all of my personal information will be held in strict confidence. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

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Applicant Signature	Date:
Co-Applicant Signature	Date:

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