

**REQUEST FOR EQUIFAX BUSINESS FINANCIAL ASSESSMENT REPORTS
UNDER THE OGC FRAMEWORK AGREEMENT**

Please complete the application form below and fax to **01274 514814**. Alternatively, you may scan the signed form and email a copy to: **claire.l.singh@equifax.com**.

(please print)

MASTER ACCOUNT NUMBER	16708
MASTER CONTRACT NUMBER	HR8009011/1
NAME OF DEPARTMENT/ORGANISATION	
CONTACT NAME	
CONTACT POSITION	
TELEPHONE	
EMAIL	
FAX	
ADDRESS	
BILLING ADDRESS <i>(if different from above)</i>	
REPORT USAGE	<i>(please tick)</i>
Which type of report do you wish to access?	Equifax Full Report <input type="checkbox"/>
	Equifax Optima Report <input type="checkbox"/>
How many reports do you estimate that you will require in a year? <i>(please specify)</i>
SIGNED	
PRINT NAME	
DATE	

Once your application has been processed, we will contact you with a user name and password with which to access Equifax's reports.