

CREDIT REPORT FEE INVOICE

Invoice No:
Date:
Due Date:

BILLED FROM (AGENCY)

BILLED TO (CLIENT/APPLICANT)

DESCRIPTION OF SERVICES	BUREAU	QTY	UNIT PRICE	TOTAL
Tri-Merge Credit Report Processing Fee	Equifax / Experian / TransUnion			
Single Bureau Credit Report Pull				
Credit Score Analysis & Administration Fee	N/A			

Subtotal: _____

Tax / Processing Fee: _____

Total Due: _____

Terms & Instructions

Authorized Representative Signature

Client Signature