



Membership Application

Company Name: _____ Doing Business As: _____

Contact Name: _____ Title: _____

Company Main Phone: _____ Answering Service Yes No

Physical Address: _____
Street City State County Zip

Billing Address (if different): _____
Street/PO Box City State County Zip

Nature of Business: _____ Date Established: _____

Is the applicant engaged in the underwriting of insurance? Yes No

Is the company licensed or providing service as an attorney or detective/investigative agency? Yes No
If yes, indicate which: _____

Does the company intend to resell or release information from the consumer credit report to a third party? Yes No

Will the company, or does the company provide credit repair or credit counseling services for a fee? Yes No

Complete for Sole Proprietor or Partnership (Circle which):

Owner Name: _____

Resident Address: _____
Street City State County Zip

Social Security #: _____ Signature: _____

Owner Name: _____

Resident Address: _____
Street City State County Zip

Social Security #: _____ Signature: _____

Complete for Corporation:

Office Name: _____ Title: _____

Office Name: _____ Title: _____

Office Name: _____ Title: _____

Federal Tax ID #: _____

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Bank Information

Name of Bank _____ Address _____

Bank Phone Number _____

Business Checking Account Information:

Name of Account _____ Account Number _____

Business References: (Provide three references)

1.) Business Name: _____ Bus. Phone _____

Contact Name: _____

2.) Business Name: _____ Bus. Phone _____

Contact Name: _____

3.) Business Name: _____ Bus. Phone _____

Contact Name: _____

I certify that the information provided on this application is true. I understand by the signature below, that you have my permission to pull a personal credit report on owners of this company in connection with approval of this application.

Signature: _____ Date: _____

Print Name: _____ Title: _____