



Membership Application

Company Name: _____				Also Doing Business as: _____			
Contact Name: _____				Title: _____			
Company Main Phone #: _____				Web Page Address: _____			
Physical Address:				Billing Address:			
_____				_____			
Street				Street			
_____	_____	_____	_____	_____	_____	_____	_____
City	State	County	Zip	City	State	County	Zip

**** **Nature of Business:** _____ **Date Established:** _____

**** **Intended use of Product(s):** Pre-Employment Tenant Franchisee

Is the company exempt from sales tax?

If "Yes" provide the appropriate resale or exemption certificate(s).

Yes No

Is the company engaged in the underwriting of insurance?

Yes No

Is the company licensed or providing service as an attorney or detective/investigative agency?

If "Yes" indicate which: _____

Yes No

Does the company intend to resell or release information from the consumer credit report to a third party?

Yes No

Does the company provide credit repair or credit services for a fee?

Yes No

Will the company, or does the company have an Internet Web site address?

If "Yes" please list site address _____

Yes No

Is the business:

A publicly held company under the regulatory authority of the US Securities and Exchange Commission?

Yes No

Subject to the regulatory authority of any agency listed in Section 621(b) of the FCRA, 15 U.S.C § 1681s(b)?

Yes No

A licensed insurance company.

Yes No

Approved by the Internal Revenue Service as a tax-exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code 26 U.S.C. § 501(c)(3)?

Yes No

Certified by the Small Business Administration for participation in an SBA-administered program?

Yes No

Certified by the by the Department of Transportation for participation in the Department of Transportation's Disadvantaged Business Enterprise Program?

Yes No

Please indicate if your business is categorized as:

Adult entertainment service of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attorney or Law Firm engaged in the practice of law, unless engaged in collection or using the report in connection with a consumer bankruptcy pursuant to the written authorization of the consumer.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bail Bondsman, unless licensed by the state in which you are operating	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child location service – Company that locates missing children	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit counseling, except not-for-profit credit counselors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit repair clinic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dating service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial counseling, except a registered securities broker dealer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Foreign Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Genealogical or heir research firm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Law enforcement agency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massage service	Yes <input type="checkbox"/> No <input type="checkbox"/>
News agency or journalist	Yes <input type="checkbox"/> No <input type="checkbox"/>



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Pawn shop	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private detective, detective agency or investigative company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repossession Company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subscriptions (magazines, book clubs, record clubs, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tattoo service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time Shares – Company seeking information in connections with time shares (exception: financiers of time shares)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapons dealer, seller or distributor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Reseller	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you are an attorney, law firm, law enforcement agency, private detective, detective agency, investigative company, security service, or weapons dealer, please indicate the intended use of the products:

This section to be filled out by ‘Sole Proprietors’ or ‘Partnerships’ (Please circle appropriate business type)

Owner Name: _____

Residence: _____

Social Security #: _____ Signature: _____

Federal Tax Id : _____

Owner Name: _____

Residence: _____

Social Security #: _____ Signature: _____

This section to be completed by ‘Corporation’

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Federal Tax Identification Number: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____