



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? Yes No
- 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? Yes No
- 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? Yes No
- 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"/>



Membership Application

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: _____

*****FAX ALL DOCUMENTS TO (216) 450-5105*****