



National Criminal Search

MEMBERSHIP APPLICATION

Company Name: _____

Doing Business As: _____

Contact Name: _____ Title: _____

Company Main Phone: _____ Answering Service: Yes No

Company Fax Number: _____ Email Address: _____

Physical Address: _____

Street City State County Zip

Billing Address (If Different): _____

Street City State County Zip

Number of Employees: _____

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

Owner Name: _____

Resident Address: _____

Street City State County Zip

Social Security#: _____ Signature: _____

Owner Name: _____

Resident Address: _____

Street City State County Zip

Social Security#: _____ Signature: _____



National Criminal Search

Complete for Corporation:

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Federal Tax ID#: _____

Bank Information:

Name of Bank: _____ Address: _____

Bank Phone Number: _____

Business Checking Account Information:

Name of Account: _____ Account Number: _____

Business References (Provide Three Reference)s:

Business Name: _____ Business Phone: _____

Contact Name: _____

Business Name: _____ Business Phone: _____

Contact Name: _____

Business Name: _____ Business 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: _____