

FIDELITY DATA SERVICE

MEMBERSHIP APPLICATION CREDIT REPORTS

Company Name: _____

Doing Business As: _____

Contact Name: _____

Title: _____

Company Main Phone: _____

Physical Address:

Street	City	State	Zip
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Billing Address: (If different from physical address)

Street/PO Box	City	State	Zip
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Website Address: _____

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: _____

Residence Address:

Street City State Zip

Social Security Number: _____

Signature: _____

Owner Name: _____

Residence Address:

Street City State Zip

Social Security Number: _____

Signature: _____

Complete for Corporation:

Officer Name: _____

Title: _____

Officer Name: _____

Title: _____

Federal Tax ID Number: _____

Bank Information

Name of Bank _____ Address _____

Bank Phone Number _____

Business Checking Account Information:

Name on Account _____

Account Number _____

Business References: (Provide two references)

Business Name: _____

Bus. Phone _____

Contact Name: _____

Business Name: _____

Bus. Phone _____

Contact Name: _____

I certify that the information provided on this application is true.

Signature: _____

Date: _____

Print Name: _____

Title: _____