

APPLICATION FOR SERVICE



Every field on the application MUST be completed. If a field is not applicable, then you must state N/A. Failure to complete the application in its entirety will delay the process and/or cause your application to be declined.

Company Information

Name of Firm: _____ Business Established: _____ Month _____ Year
Other business name(s) or dba: _____ Federal Tax ID#: _____
Physical Address (No PO Box numbers): _____
City: _____ State: _____ Zip: _____ Telephone Number: () _____
How long at current address? _____ Years _____ Months
Does your company share office space with another company? Yes No If yes, who? _____
Does your business operate from a residence? Yes No Number of Employees: _____
Website Address: _____ Email Address: _____
Do you own or lease the building/office space? (Please check one): Own Lease Is this an Executive Suite? Yes No
If lease? Landlord/Leasing Company: _____ Lease Date: _____ Term: _____
Contact: _____ Telephone Number: () _____

A COPY OF YOUR CURRENT LEASE AND BUSINESS LICENSE IS REQUIRED IF YOU ARE NOT A PUBLICLY TRADED COMPANY

Specify the appropriate business structure: Sole proprietorship or partnership Corporation Government Agency
Is your company Publicly Traded? No Yes If yes, please provide the stock symbol : _____
Company name as listed with Directory Assistance: _____
What company have you relied on in the past to access consumer credit information? _____ None New Company
If none or new company and in business over 6 months please explain: _____
Does your company have any operations or agents outside the United States or its territories? Yes No If yes, please provide the location
and explain how they will have access to U.S. consumer files. _____

Billing Information

Billing Address (if different from Physical Address): _____
City: _____ State: _____ Zip: _____
Billing Contact – Name ("Attention To:" On Equifax invoice) _____ Contact Title: _____
Billing Contact – Telephone Number: () _____ Billing Contact – Fax: () _____
Electronic Billing Contact Name: _____ Electronic Billing e-Mail Address: _____

Officers, Partners and Principals

As part of the application process, Equifax will access a Business credit report on your company. Equifax will also access a personal credit report on the principal of the business if one of the following conditions apply:

- The owner of a sole proprietorship or a partner in a partnership
- An officer in a corporation if the corporation has been in business less than one year
- No SBX Business Report regardless of time in business (Equifax will notify you for this requirement)

If one of the above situations applies to you, the Principal Section below MUST be completed. Additionally, a copy of the Principal's current driver's license is required. Failure to provide either item will result in declining the application. A copy of your Driver's License must be available for verification during the Onsite if not already provided.

Principal's Name: _____ Title or Position: _____
Current Home Address: _____
City: _____ State: _____ Zip: _____
Social Security Number: _____ Birth Date: _____
Driver's License Number: _____ State Issued: _____ Issue Date: _____ Expiration Date: _____

I understand that by signing below I am authorizing Equifax to obtain a copy of my personal credit report for use in processing this Application for Service.

Signature: _____ Date: _____

Fair Credit Report Act Compliance

Describe the specific purpose for which credit information will be used: _____

Estimated # of credit reports to be used monthly: _____ Nature of Business: Apartment Auto - New Auto - Used Bank
 Broker (non-mortgage) Collections College/University Communications Credit Repair Credit Reporting Agency
 Credit Union Financial Services Hospital Insurance Investigative/Detective Agency Medical Services
 Mortgage Broker Mortgage Lender Real Estate Retailer Utility Other _____

If you are a collection agency, do you only collect medical debts? Yes No

Do you plan to report automated account history? Yes No If yes when? _____ Estimated Number of Records: _____

CHECKING YES DOES NOT GUARANTEE YOUR DATA WILL BE ACCEPTED. CERTIFICATION AND MINIMUM STANDARDS MUST BE MET TO BE ELIGIBLE TO REPORT ACCOUNT HISTORY.

Does your company obtain customers through the internet? Yes No

Have you ever been an Equifax customer or previously applied for services from Equifax? Yes No

If yes, please provide company name: _____

Bank Reference

Bank Name: _____ Telephone Number: () _____

Business References

Name	Address	Telephone #
1. _____	_____	() _____
2. _____	_____	() _____
3. _____	_____	() _____

Onsite Property Observation

Equifax requires that we conduct an onsite property observation of your company which must be conducted prior to your account being established. Please note that Equifax contracts with a vendor to conduct these property observations and that vendor will be contacting you on behalf of Equifax to schedule an appointment. The following information must be completed to facilitate the property observation.

Contact Name: _____ Contact Title: _____

Telephone Number: () _____ Alternate Phone Number: () _____

Email Address: _____ Alternate Contact Name: _____

Note: The contact person or their alternate must be present when the vendor conducts the property observation.

The Onsite Inspector will be looking for but not limited to the following requirements:

Customer files are stored in locked filing cabinets, locked file room or electronically stored.

A document destruction method whether by shredder or document destruction service.

PC's are password protected, screens are not visible to consumers and are located in an employee restricted area.

Signature

I certify that the above information is accurate. By signing, I warrant that I have the authority to sign on behalf of the company. I acknowledge that an Onsite inspection will be required for new customers.

Principal's Name: _____ Title or Position: _____

Principal's Signature (required): _____ Date: _____