

## LANDLORD APPLICATION

ı	F	n	R	0	FF	CI	Δ	119	SF	0	NI	١,	1
ı	١,	u	П	·		U	$\boldsymbol{-}$	 U,	ᇰᆫ	v	IVI		

Subscriber code	:
Customer ID:	

## **SUBSCRIPTION APPLICATION**

DATE OF APPLICATION:	in its entirety. Please print clearly and legibly to help ensure accurate and time	ely processin
COMPANY/ORGANIZATION	]	
Company/Organization:	Years in Business	
Has your company applied for a "Fictitious Firm Type of Ownership: Indicate one Partner Other business name(s) or DBA:	m Name"?	ment
	State: Zip Code:	
Phone:	Fax:	
E-Mail Address:		
Is This a residential address? Yes No	Do you own or lease the building in which you are located? Own Lease  Y (IF SOLE OWNER OR PARTNERSHIP, PLEASE COMPLET	
considered when making a decision to grant n  Principal Name:	ow will be used to obtain a consumer credit report, and my credit worthiness may membership.  Phone:	
	Pnone: Year of Birth: / _	
	Teal of Bitti.	
City	Ctata: 7in Cada:	

## **BUSINESS INFORMATION**

Do you use credit profiles or reports for more than one business or branch of your organization?YesNo  Please provide contact name:	ype of busiless.	
tow will you be accessing Experian, Trans Union and Equifax Credit Reports? Fax Mail Phone Internet or PC, Credit Terminal	Vill you be using a credit card? Yes	No
PC, Credit Terminal  Does your company qualify for tax exemptions?YesNo	low many Credit Reports will you be accessing	ng monthly?
Do you use credit profiles or reports for more than one business or branch of your organization?YesNo  Please provide contact name:	low will you be accessing Experian, Trans Un	
BILLING INFORMATION  Contact Name:	Ooes your company qualify for tax exemptions	e? Yes No If yes, please provide proof.
Phone Number: Fax:	Oo you use credit profiles or reports for more t	than one business or branch of your organization? Yes No
Contact Name:	Please provide contact name:	
BILLING INFORMATION  Contact Name:	hone Number:	Fax:
Contact Name:	o you have an Investigation License? 🔔 Y	es _ No if yes, please provide a copy with this application.
Address:  City:	BILLING INFORMATION	
Address:    State:   Zip Code:	Contact Name:	E-Mail:
BANK REFERENCES (PLEASE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR BUSINESS CHECKING ACCOUNT).  Bank Name: Phone Number: Address: City: State: Zip: Permissible Purpose/Appropriate Use	Phone Number:	Fax:
BANK REFERENCES (PLEASE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR  BUSINESS CHECKING ACCOUNT).  Phone Number:  City:  State:  Zip:  PERMISSIBLE PURPOSE/APPROPRIATE USE		
BUSINESS CHECKING ACCOUNT).  Bank Name: Phone Number:  Address:  City: State: Zip:  Business Checking Account Number(s):	\ddress:	
BUSINESS CHECKING ACCOUNT).  Bank Name: Phone Number:  Address:  City: State: Zip:  Business Checking Account Number(s):		
Address: State: Zip: Business Checking Account Number(s):  PERMISSIBLE PURPOSE/APPROPRIATE USE		
Address: State: Zip: Business Checking Account Number(s):  PERMISSIBLE PURPOSE/APPROPRIATE USE	BANK REFERENCES (PLEAS	State: Zip Code:
City: State: Zip: Business Checking Account Number(s):  PERMISSIBLE PURPOSE/APPROPRIATE USE	BANK REFERENCES (PLEAS	State: Zip Code:
PERMISSIBLE PURPOSE/APPROPRIATE USE	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOU	State: Zip Code: SE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR UNT).
PERMISSIBLE PURPOSE/APPROPRIATE USE	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOL	State: Zip Code:  SE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR UNT).  Phone Number:
	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOL	State:Zip Code:
	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOUNTY)  Bank Name:  Address:	State:Zip Code:
	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOUNTY)  Bank Name:  Address:	State: Zip Code:  SE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR UNT).  Phone Number: Zip:
Describe the specific purpose for which Experian, Trans Union and Equifax credit information will be used.	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOUNTY)  Bank Name:  Address:	State: Zip Code:  SE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR UNT).  Phone Number: Zip:
	BANK REFERENCES (PLEAS BUSINESS CHECKING ACCOUNTS)  Bank Name:  City:  City:  Business Checking Account Number(s):	State:Zip Code:

Agreement" and will take all reasonable measures to enforce them within my facility. I certify that I will use the other than what is stated in the Subscriber Agreement and Application. I will not sell the report to any consur used improperly by company personnel, or if my access codes are made available to any unauthorized personn company, I may be held responsible for financial losses, fees or monetary charges that may be incurred and t	ner directly or indirectly. I understand that if my system is el due to carelessness on the part of any employee of my
certify that I have read the above statements and all information provided is true and accurate and hereby autho Corporation and review my own personal credit profile to be used in conjunction with this application for company	
Company Name	
Type or Print Name and Title of Owner or Officer	
Authorized Signature	

I have read and understand the "FCRA Requirements" notice and Experian, Trans Union and Equifax's "Access Security Requirements" along with the "Subscriber's

If you have questions or need additional information, please call 302-764-5826 or (888) 690-8161

Date