

Member Information Form

A. GENERAL INFORMATION

Owner/Contact Name _____

Account Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Fax# _____

Billing Address(if different from above) _____

City _____ State _____ Zip _____

Telephone# _____ Fax# _____

Please provide a physical address for our files if P.O. Boxes are listed above.

Physical Address _____

City _____ State _____ Zip _____

Where does your business operate from: commercial property residential.

Years in Rental/Landlord Business _____

Number Of Rental Units owned or managed _____ (if applicable)

Describe your type of business and your purpose for accessing consumer credit information _____

List all authorized users (use separate sheet if necessary) _____

B. BANK REFERENCE (or attach copy of voided check)

Name of bank _____ Contact Person _____

Checking account# _____ Contact Person's Phone# _____

Branch Address _____ City _____ State _____ Zip _____

C. DOCUMENTS TO BE INCLUDED

___ Proof of ownership documents such as title or deed, a property tax document for each property, or real estate broker's license. OR;

___ Proof of bona fide business such as business license or corporate tax document. AND;

___ Copy of three rental applications or leases from existing or past tenants.

D. RELEASE STATEMENT I Certify that the above information is accurate and give

() permission to verify all information and references. A photo or fax copy of this signature will act as the original.

Signature of Owner/Contact: _____ Date _____

B. Type or Print Name & Title _____ (if applicable)