

# 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: \_\_\_\_\_