

# Application For Service

**EQUIFAX**

**Please make all changes electronically. Handwritten applications will not be accepted.  
Please print, sign and fax to Equifax.**

## 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? Months: Years:  
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 Select one):  
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 (Select One):  
Is your company Publicly Traded? (Select One) Yes/No: If yes, please provide the stock symbol :  
How is your Company Name listed with Directory Assistance?  
What company have you relied on in the past to access consumer credit information? or Select One:  
If none or new company, please explain how the information was previously accessed.  
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

**All customers will receive invoices electronically. Customers may elect to receive a paper invoice in lieu of an electronic invoice. If customer receives a paper invoice, Equifax shall impose a \$10 monthly paper bill fee.**

~~XXXX~~ Same as address above

Customer requests Equifax to send a paper invoice in lieu of an electronic invoice and agrees to pay the \$10 monthly paper bill fee. \_\_\_\_\_ (initial)

Electronic Billing Contact Name:

Electronic Billing e-Mail Address:

Billing Contact – Name ("Attention To:" On Equifax invoice)

Contact Title:

Billing Contact – Telephone Number:

Billing Contact – Fax:

Billing Address (if different from above:

City:

State:

Zip:

## Officers, Partners and Principles

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 Equifax Commercial Business Report exists 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: \_\_\_\_\_

### Permissible Purpose 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?

Do you plan to report automated account history?

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?

Have you ever been an Equifax customer or previously applied for services from Equifax?

If yes, please provide company name:

### Bank Reference

Bank Name:

Telephone Number:

### Business References

Business Name

City

State

Contact Name

Telephone Number

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

**\*Reminder: If you are requesting paper invoices, please initial the appropriate line in the Billing section above.**