



CBC Credit Reporting Subscription Instructions

Credit Bureau Connection is a full-service authorized reseller for all three credit reporting agencies. Please review the instructions below to assist in completing the subscriber agreements necessary to obtain credit reporting access. Please complete the following items and fax to New Account Processing at 904-354-6332.

Required Documents to be Faxed:

1. The 17 page Experian and TransUnion Service Agreement, which includes the Membership Application on page 1

Instructions:

- Page 1: Complete all requested information and have the dealer/principal sign at the bottom.
- Page 2: Enter the date and then the dealership name as the Subscriber.
- Page 3: Complete the company information in the box at the bottom of the page using the physical address of the dealership, and have an authorized representative sign and date.

Leave the last line in the box blank for the CBC's representative signature.

- Page 16:Complete the company information in the box at the bottom of the page using the physical address of the dealership, and have an authorized representative sign and date.
- 2. A copy of your business license, DMV license, or Articles of Incorporation
- 3. If requesting TransUnion service, a copy of the following: (A) a letter of intent on company letterhead, (B) a government issued photo ID if business is a sole proprietor or partnership, and (C) two additional proof of business documents if company is less than one year old.
- 4. The signed Fee Schedule ("Exhibit A")
- 5. Onsite Inspection Notice: A representative from Trend Source will be contacting the primary contact identified on the Membership Application to schedule an appointment for the onsite inspection. Please be prepared to accept their call and arrange for an appointment with the onsite inspection representative at your earliest convenience.

IMPORTANT

Please include a copy of the documents listed above

If the required documents are not received, activation of service will be delayed

Please fax to New Account Processing at 904-354-6332

Thank you, Credit Bureau Connection

Revised 1/15

575 E. Locust Ave., Suite 103 • Fresno, CA 93720

Phone: (800) 448-0183 • Fax: (559) 226-2256 • www.creditbureauconnection.com





FEE SCHEDULE ("Exhibit A")

<u>Individual/Joint</u>
\$2.49/\$4.89
INCLUDED
Add'l Fee
\$0.39
\$0.49
Individual/Joint
\$2.56/\$5.03
INCLUDED
Add'l Fee
<u>Add'l Fee</u> \$0.54
\$0.54
\$0.54
\$0.54 \$0.49
\$0.54 \$0.49 Individual/Joint
\$0.54 \$0.49 Individual/Joint \$4.40/\$8.53
\$0.54 \$0.49 Individual/Joint \$4.40/\$8.53
\$0.54 \$0.49 Individual/Joint \$4.40/\$8.53 INCLUDED

Notes:

- (1) Transaction fees are for individual credit report.
- (2) Prices do not include the Credit Reporting Agencies FACT Act cost recovery surcharges (\$0.13 Equifax, \$0.11 TransUnion, and \$0.16 Experian single reports), additional or enhanced scoring services, additional fraud product options, state or local taxes if applicable, or Colorado surcharges.
- (3) A minimum monthly billing of \$25.00/month for Experian and TransUnion, and \$50.00/month for Equifax service.
- (4) TransUnion, Experian, and Equifax service requires a one-time, 3rd party on-site compliance inspection. The Equifax inspection fee is \$300.00, and the TransUnion and Experian inspection fee is \$150.00.
- (5) A \$60.00 fee will be charged in the event the on-site inspection is cancelled by customer, or the customer "no-shows" for the on-site inspection.
- (6) A TransUnion subscriber code service fee of \$9.95/month will be assessed on accounts with TransUnion credit report activity.
- (7) If you choose to pay your monthly invoice by credit card, a 3% credit card convenience fee will be added to your charge, otherwise we accept payments via ACH, check, or directly from your electronic invoice at no charge.

PLEASE FAX THIS DOCUMENT TO: Credit Bureau Connection ATTN: New Account Processing FAX# (904) 354-6332

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Credit Bureau Connection accepts cards

This is an optional way for you to pay the monthly invoices

CREDIT CARD REQUISITION					
CARD NUMBER:		EXP. DATE:	SECURITY DIGITS:		
CARD HOLDER NAME:					
BILLING ADDRESS:					
	Street	City	State	Zip	
CARD TYPE (Please Check) ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER	Use th	TYPE OF SALE Use this card to pay my monthly invoice: ☐ YES			
I AGREE TO PAY THE CHARGES AS STATED IN THE FEE SCHEDULE ABOVE AND ACKNOWLEDGE THERE MAY BE ADDITIONAL CHARGES INCURRED FOR SERVICES IDENTIFIED IN THE NOTES SECTION BELOW THE FEE SCHEDULE.					
(Printed Name)		(Company Name)			
(Signature)		(Date)			