

Credentialing Application



Date of Application: ____/____/____

Important: All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing.

General Company Information

Company Name: _____ Years in Business _____ yrs _____ mo.

Type of Business: _____

(If company has been in business for one year or less, two of the following must be obtained and attached to application)

- a. Copy of utility bill or telephone bill in the business name
- b. Copy of lease or proof of property ownership
- c. Copy of bank statement addressed to the end user
- d. Proof of commercial insurance

Type of Ownership (indicate one): ☐ Corporation ☐ LLC ☐ Nonprofit ☐ Partnership ☐ Sole Owner

Do you have any other company name(s) or DBA? ☐ Yes ☐ No If Yes, please list: _____

The following must be attached to the application

URL: _____ Please attach screenshot of primary home page of your website

Certificate of Incorporation or Equivalent: Please attach a copy of your organizations Certificate of Incorporation or equivalent, a print out from the secretary of state's website is also acceptable

Federal Tax ID # _____

Full Name of Owner or an Authorized Officer of Corporation: _____

Title: _____ Phone: () _____ - _____ Fax: () _____ - _____

Email: _____

Physical Street Address (no P.O. box numbers, please): _____

City: _____ State: _____ Zip: _____ How Long? _____ yrs _____ mo.

Phone: () _____ - _____ Fax: () _____ - _____ Is this a **residential** address? ☐ Yes ☐ No

Previous Address: _____

City: _____ State: _____ Zip: _____ How Long? _____ yrs _____ mo.

Do you own or lease the building in which you are located? (please check one) ☐ Own ☐ Lease

Principal of the Company (If sole owner or partnership, please complete the section below.)

I understand that the information provided below will be used to obtain a consumer credit report, and my creditworthiness may be considered when making a decision to grant me permission to obtain background checks.

Principal name: _____

Title or Position: _____ Phone: () _____ - _____

Social Security Number: _____ - _____ - _____ Year of Birth: _____

Residential Street Address: _____

City: _____ State: _____ Zip: _____

(If this section is completed consent to obtain a copy of the owner's or partner's personal credit report must be obtained as well as a government issued photo identification)

Permissible Purpose/Appropriate Use

Please check the box next to the specific purpose for which information will be used.

Subscriber must specify the purpose for which Consumer Reports, Investigative Consumer Reports and/or Consumer Credit Files will be used. Subscriber must confirm this use by checking the appropriate box below.

This section MUST be completed.

Reports will be used for

- ☐ Employment purposes ☐ Tenant screening purposes ☐ Volunteer screening purposes ☐ Student screening purposes
☐ Reports will be used for other permissible purpose (Please describe) _____

Bank Reference

(Please provide the name of the bank which maintains your business checking account.)

Bank Name: _____ Phone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Date Account Opened _____

Business Checking Account Number(s): _____

Alternative to Banking Reference: Obtain a copy of a listing with A.M. Best, Moody's, Standard and Poor's, FDIC, NCUA or a copy of the end users annual report (certified by CPA). (Must be attached)

Trade Reference

(Please provide a current trade reference)

Company: _____ Phone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Doing Business Since _____

Account Number(s): _____

Trade Reference

(Please provide a current trade reference)

Company: _____ Phone: () _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Doing Business Since _____

Account Number(s): _____

The following applies to credit information/consumer/investigative report products:

I/We certify that I/We will use the credit information/consumer/investigative report for no other purpose other than what is stated in the Permissible Purpose/Appropriate Use section on this application and for the type of business listed on this application. I/We will not resell the report to any third party. I/We understand that if my system is used improperly by company personnel, or if my access codes are made available to any unauthorized personnel due to carelessness on the part of any employee of my company, I/We may be held responsible for financial losses, fees, or monetary charges that may be incurred and that my access privilege may be terminated.

Company Name

Type or Print Name of Owner or Officer Title

X _____
Authorized Signature Date

Only Clients who wish to request employment credit reports should complete the following sections.

Business Information

Type of Business: _____

Do you have an **Investigation License**? ☐ Yes ☐ No **If Yes, please provide a copy with this application.**

Estimated number of Credit Reports you will order monthly: _____

Do you already have a credit reporting software package? ☐ Yes ☐ No **If Yes, what is the name?** _____

Does your industry require a business license? ☐ Yes ☐ No **If Yes, please provide a copy with this application.**

Business Telephone Number () _____ - _____ ☐ Yes (attached) ☐ No

If Yes, Please provide a copy of telephone listing from Yellow pages, super pages, etc with this application. If No please attach a phone bill in the name of the company.

Letter of Intent

(Please provide a separate letter of intent on company letterhead that must be signed by an officer, owner or authorized manager.
(See attached sample letter of intent)

The letter must include the following:

1. Nature of business
2. Its intended use for the service
3. Anticipated monthly volume
4. Intent on whether it anticipates its access to be primarily local, regional or national.

The following applies to credit information/consumer/investigative report products:

I/We certify that I/We will use the credit information/consumer/investigative report for no other purpose other than what is stated in the Permissible Purpose/Appropriate Use section on this application and for the type of business listed on this application. I/We will not resell the report to any third party. I/We understand that if my system is used improperly by company personnel, or if my access codes are made available to any unauthorized personnel due to carelessness on the part of any employee of my company, I/We may be held responsible for financial losses, fees, or monetary charges that may be incurred and that my access privilege may be terminated.

Company Name

Type or Print Name of Owner or Officer

Title

X _____
Authorized Signature

Date