

Membership 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 _____ mos.

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

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

Federal Tax ID: _____

Do you have a WebPage or email address? If so, what is your: _____ WebPage _____ email?

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

City: _____ State: _____ ZIP: _____ How Long? _____ yrs _____ mos.

Main Phone: () _____ Fax: () _____ Is this a residential address? Yes No

Previous Address: _____

City: _____ State: _____ ZIP: _____ How Long? _____ yrs _____ mos.

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 membership.

Principal name: _____

Title or Position: _____ Phone: () _____

Social Security Number: _____ Year of Birth: _____

Residential Street Address: _____

City: _____ State: _____ ZIP: _____

Business Information (Please tell us about your company.)

Type of Business: _____ Do you need a Purchase Order? Yes No PO# _____

Do you manage or own the properties that you would be accessing the reports for? _____

Estimated # of Credit Reports you will access monthly: _____

Permissible Purpose/Appropriate Use (Application will not be processed unless this information is provided.)

Please describe the **specific** purpose for which Weimark product information will be used. (What will you do with the information obtained?)

This section MUST be completed.

Business References

Contact Name _____ Business Name _____
Business address _____ Business phone number _____

Reference 2

Contact Name _____ Business Name _____
Business address _____ Business phone number _____

Billing Information

Contact Name: _____ Phone: () _____
Address: _____ Fax: () _____
City: _____ State: _____ ZIP: _____

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

Bank Name: _____ Phone: () _____
Address: _____
City: _____ State: _____ ZIP: _____
Business Checking Account Number(s): _____

If this application involves Subscriber's use of consumer credit products (i.e. Consumer Credit Reports, Business Owners Profile, and Small Business Intelliscore) then the following shall apply:

I have read and understand the "FCRA Requirements" notice and Weimark "End user agreement" and will take all reasonable measures to enforce them within my facility. I certify that I will use the Weimark product information 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 will not sell the report to any consumer directly or indirectly. I 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 may be held responsible for financial losses, fees, or monetary charges that may be incurred and that my access privilege may be terminated.

Important Tax Notice

If you are exempt from sales tax in any of the states where the information is delivered to you or accessed by you, please send Weimark a completed and signed sales tax exemption certificate for each of those states.

I certify that I have read the above statements and all information provided is accurate and hereby authorize the **Bank Reference to Release** information to Weimark.

Company Name _____ DBA Name (if applicable) _____

X _____
Authorized Signature Date

_____ Title
Type or Print Name of Authorized Signer

If you have questions or need additional information, please call (718) 928-9929
Please fax completed application to (718) 677-6228