

SUBSCRIPTION APPLICATION

DATE OF APPLICATION: _____

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

COMPANY/ORGANIZATION

Company/Organization: _____ Years in Business _____

Name: _____

Has your company applied for a "Fictitious Firm Name"? { Yes { No If yes, please include a copy.

Type of Ownership: Indicate one { Partnership { Sole Owner { Nonprofit { Corporation { LLC { Government

Other business name(s) or DBA: _____

Address (Physical Address Only): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Employment Identification Number (EIN): _____

Is This a residential address? { Yes { No Do you own or lease the building in which you are located? { 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 credit worthiness 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 Code: _____

BUSINESS INFORMATION

Type of business: _____

Will you be using a credit card? Yes No

How many Credit Reports will you be accessing monthly? _____

How will you be accessing Experian, Trans Union and Equifax Credit Reports? Fax Mail Phone Internet or
 PC, Credit Terminal

Does your company qualify for tax exemptions? Yes No If yes, please provide proof.

Do you use credit profiles or reports for more than one business or branch of your organization? Yes No

Please provide contact name: _____

Phone Number: _____ Fax: _____

Do you have an Investigation License? { Yes { No **if yes, please provide a copy with this application.**

BILLING INFORMATION

Contact Name: _____ E-Mail: _____

Phone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

BANK REFERENCES (PLEASE PROVIDE THE NAME OF THE BANK WHICH MAINTAINS YOUR BUSINESS CHECKING ACCOUNT).

Bank Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Checking Account Number(s): _____

PERMISSIBLE PURPOSE/APPROPRIATE USE

Describe the specific purpose for which Experian, Trans Union and Equifax credit information will be used.

I have read and understand the "FCRA Requirements" notice and Experian, Trans Union and Equifax's "Access Security Requirements" along with the "Subscriber's Agreement" and will take all reasonable measures to enforce them within my facility. I certify that I will use the K-LAK Corporation/Credit Reporting for no other purpose other than what is stated in the Subscriber Agreement and 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 privileges may be terminated.

I certify that I have read the above statements and all information provided is true and accurate and hereby authorize the Bank Reference to Release information to K-LAK Corporation and review my own personal credit profile to be used in conjunction with this application for company membership only.

Company Name

Type or Print Name and Title of Owner or Officer

Authorized Signature

Date

- **If you have questions or need additional information, please call 302-477-1869 or (302) 764-5826**