

Credentialing Application

Data Reporting



Experian Information Solutions Division

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

Business Information

Legal Name (under which tax returns are filed): _____

DBA or Assumed Name: _____

Type of Business: _____

Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Partnership ☐ Nonprofit ☐ Other _____

Time in Business: _____ yrs _____ mos.

Business Website: _____

Business email address: _____

Do you have an **Investigation License**? ☐ Yes ☐ No If Yes, please provide a copy Taxpayer Identification Number: _____

Does your company extend credit for goods or services? ☐ Yes ☐ No If yes, please provide a blank copy of your credit application and account terms.

Number of Owners and percentage ownership (if publicly traded, provide exchange name and stock symbol): _____

Owner #1 Name, title, address and phone number: _____

Owner #2 Name, title, address and phone number: _____

Business Physical Address (**no P.O. box numbers**): _____

City: _____

State: _____

ZIP: _____

How Long? _____ yrs _____ mos.

Primary Phone: () _____

Fax: () _____

Is this a **residential** address? ☐ Yes ☐ No

☒ Electronic Billing *REQUIRED*

Billing Contact: _____

Required Email Address: _____

Billing Address (if different): _____

City: _____

State: _____

ZIP: _____

Contact for Physical Inspection: _____

Title: _____

Phone Number: () _____

Email Address: _____

Previous Business Address: _____

City: _____

State: _____

ZIP: _____

How Long? _____ yrs _____ mos.

Have you previously applied or have been an Experian Member? ☐ Yes ☐ No If Yes, when? _____

Under what business name? _____

Previous Member number (if known): _____

Principal of the Company (Must be completed by majority owner)

I understand I am providing written instructions to Experian under the Fair Credit Reporting Act authorizing Experian to obtain my credit report. I authorize Experian to obtain this information solely to process this application.

Principal signature: _____ Date: _____ Social Security Number: _____ Year of Birth: _____

Principal name: _____

Title or Position: _____

Phone: () _____

Residential Address: _____

City: _____

State: _____

ZIP: _____

Parent or Affiliated Business Information

Parent Company Name (if applicable): _____

Website: _____

Contact Name: _____

Title: _____

Phone: () _____

Address: _____

City: _____

State: _____

ZIP: _____

Security Designate for Internet Access

Full Name & Title: _____ Email Address: _____

Phone Number () _____ Signature (if different from below): _____

User ID - First Choice (minimum 6 characters) _____

User ID - Second Choice (minimum 6 characters) _____

User ID - Third Choice (minimum 6 characters) _____

This form is to be used by Experian to identify the individual that will act on behalf of the Client in regard to end user access to Experian's systems. Client's Security Designate will submit all requests to create, change or lock Client employee end user access to accounts and permissions associated with Experian's systems and information via the Internet. The Security Designate must be an authorized representative of the Client's organization and must be available to interact with Experian on information and product access matters in accordance with the attached Experian Security Requirements, as applicable. Such requirements may be updated from time to time by Experian in accordance with the terms therein. This Security Designate

Authorization Form must be signed by a duly authorized representative of the Client

All clients acknowledge 1) has received the Experian Security Requirements, 2) has read and understands the Clients' obligations described in the Experian Security Requirements, 3) will communicate the contents of the Experian Security Requirements and any subsequent updates thereto to all employee end users that shall have access to Experian's systems and information, and 4) will abide to the provisions of the Experian Security Requirements. Changes in Security Designate status (e.g., transfer or termination) are to be reported to Experian immediately. On an annual basis Experian will require the Security Designate to attest to the accuracy and currency of the status of the employee end users that access accounts and permissions to Experian's systems and information. Attestation must be completed within 30 days of notification to Client, or the Security Designate will be prohibited from accessing Experian's systems and information until such attestation is complete.

In the United States, clients are allowed to have up to three (3) Security Designates on file. If the client already has three security designates on file, one will need to be removed before adding a new Security Designate.

Data Reporting Information

(Application will not be processed unless this information is provided.)

Department	Name	Title	Phone	Email
Credit/Collections:	_____	_____	() _____	_____
Data Processing:	_____	_____	() _____	_____

Name of 3rd party data processor or internal software package: _____

Processor Contact: Name: _____ Phone: () _____

Total Number of accounts to be reported monthly: _____

Provide detailed description of the type (collections, revolving, real estate etc.) of data you are looking to report. Include whether you will be reporting full-file or collections only information.

If this application involves Company's use of consumer credit products then the following shall apply:

I have read and understand the "FCRA Requirements" notice and the "Experian Security Requirements" and will take all reasonable measures to enforce them within my facility. I certify that my facility will maintain reasonable policies and procedures designed to promote accuracy and integrity of the data we provide to Experian. 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 Company is exempt from sales tax in any of the states where the information is delivered to you or accessed by you, please send Experian 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.

Legal Company Name

DBA Name (If Applicable)

X

Authorized Signature

Date

Type or Print Name of Authorized Signer

Title

If you have questions or need additional information, please call 1-800-831-5614.