

# EMPLOYERS REFERENCE SOURCE INC.

PO Box 7019, Prospect, CT 06712 Phone 888-512-2525 / Fax 888-520-2110

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## 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: \_\_\_\_\_  
Have you previously applied or have been an Experian Member?  Yes  No If Yes, when? \_\_\_\_\_  
Under what business name? \_\_\_\_\_ Previous member number (if known): \_\_\_\_\_  
Do you have a Web Page or email address? If so, what is your: \_\_\_\_\_ Web Page \_\_\_\_\_ email?

Physical Street Address (**no P.O. box numbers, please**): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ How long? \_\_\_\_\_ yrs \_\_\_\_\_ mos  
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

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: \_\_\_\_\_

### Affiliated or Parent Company Information

\*Do you have any branch offices located in the state of California?  Yes  No

Affiliated or Parent Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
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 have an **Investigation License**?  Yes  No **If Yes, please provide a copy with this application.**  
Estimated # of Credit Reports you will access monthly: \_\_\_\_\_  
How will you access the Credit Reports?  Personal computer  Credit Terminal  CPU-CPU  Phone/Fax  
Do you already have a credit reporting software package?  Yes  No If Yes, what is the name? \_\_\_\_\_  
Does your company qualify for sales tax exemptions?  Yes  No If Yes, please provide proof.

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

Please describe the **specific** purpose for which Experian/Employers Reference Source product information will be used. (What will you do with the information obtained?)

**This Section MUST be completed.**

**Billing Information**

Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
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): \_\_\_\_\_

I have read and understand the “**FCRA Requirements**” notice and Experian/Employers Reference Source’s “**Access Security Requirements**” and will take all reasonable measures to enforce them within my facility. I certify that I will use the Experian/Employers Reference Source 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.

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 Employers Reference Source.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Type or Print Name of Owner or Officer

\_\_\_\_\_  
Title

**X** \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date