



U.S. APPLICATION FOR SERVICE

Failure to complete this form will delay the process.
Fields marked with an asterisk (*) are required.

SECTION 1 - COMPANY INFORMATION

Company Name *				Other Business Name(s) or DBAs *			
Physical Address (location where Equifax data is accessed/transacted/stored)							
City *		State *		Zip *		Telephone Number *	Ext.
Web Site				Email *			
Business License/Registration *		Select...		Issuer/Regulatory Agency (required if City, County or State selected before)			
Federal Tax ID (required for IRS Tax Transcript Fulfillment and Social Security Verification Service customers only)						Stock Symbol (if publicly traded)	
						Years in Business*	
Type of Ownership				License # *			

SECTION 2 - INDUSTRY & NATURE OF BUSINESS

Industry & Nature of Business *	Select...
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SECTION 3 - LOCATION

Is this a residential address? * ☒ Yes ☐ No

Does your company share office space with another company/entity? * ☐ Yes ☐ No

If Yes, who?

Does your company have operations or agents outside the United States or its territories? * ☐ Yes ☐ No

Specify Location(s)

SECTION 4 - PERMISSIBLE PURPOSE

Are you consuming consumer report (FCRA) data (e.g., credit scores, credit reports, insurance scores, prescreen, prequalification, employment verification, income verification, tenant screens, etc.) * ☐ Yes ☐ No

If Yes, complete the following: Based on its business and intent to use such consumer report services, the company certifies that its permissible purpose (see FCRA Section 604) for such services is:

Permissible Purpose

SECTION 5 - COMPANY CONTACT INFORMATION

Principal information will be used to ensure the Company meets Equifax's recredentialing requirements. Principal's are subject to background checks. A principal is the company owner, founder, CEO, or a Senior Representative at the company. If one of these titles is not used, the form will be returned.

Principal's First Name *		Principal's Last Name *	
Principal's Date of Birth		Title *	
Principal's last 4 digits of SSN (required for IRS Tax Transcript Fulfillment customers only) *			

SECTION 6 - RECREDENTIALING INFORMATION

The contact should be an individual familiar with your use of Equifax services and will serve as a primary contact for inquiries related to credentialing, recredentialing, and the Company's use of Equifax services.

Contact Name *		Title *	
Email Address *		Phone Number *	

SECTION 7 - CERTIFICATION

I hereby provide written authorization for Equifax to obtain and review information to satisfy its legal obligations and business policies.I acknowledge Equifax will, from time to time as it deems necessary, perform those reviews based on information provided in this form.

Name of person completing this form *		Title *	
Signature *		Date *	



Shared Space Attestation

This section is required if you selected "Yes" your company shares an office space with another company/entity

It has been determined that your company falls into a category that Equifax describes as “mixed-use”, which means that because of the business that you do, it is possible that you could use the consumer reports you obtain from our database for various purposes, some which are not sanctioned by the Fair Credit Reporting Act (“FCRA”).

Some of the Equifax services being sought by your company are provided from a consumer reporting database, and as such, reports can only be obtained and used by your company for the permissible purposes set out in the Section 604 of the FCRA. This will be further spelled out in your contact with us.

In order to obtain access to the FCRA regulated services from Equifax, you have to agreed to certify that any services regulated by the FCRA that you obtain from Equifax will be used exclusively for the permissible purpose as described within this application and will not be shattered with or used by any other function performed by your company. You have further agreed to accept and cooperate with any and all inquiries/reviews/audits requested by Equifax. The below signature of an officer of the named company within this application will serve as such certification and agreements and will be effective on the date of signature as amended to the specific agreement.

Please sign the certification below.

Certification

As an authorized agent of the application company I certify that any FCRA regulated data obtained from Equifax will be obtained and used exclusively for the applicant company for the permissible purpose(s) as described within this application and such data will not be shared with or used in any other manner by the applicant company. I further agree, on behalf of the applicant company, that Equifax may review or otherwise audit my compliance with this Certification, and the applicant company will fully cooperate with such reviews and/or audits.

CERTIFICATION			
Applicant Company			
Name of person completing this form		Title	
Signature		Date	