

MEMBERSHIP APPLICATION

(Please note every field on this application MUST be completed. If field is not applicable please state N/A. Failure to complete application in its entirety will delay the process and or cause your application to be declined.

COMPANY INFORMATION

Name of Firm: _____

Other business name(s) or dba: _____

Physical Address (No PO Box numbers): _____

City: _____ State: _____ Zip: _____ Telephone Number: () _____

How long at current address? _____ Years _____ Months Stock Symbol: _____

Does your business operate from a residence? Yes No Number of Employees: _____

Website Address: _____ Email Address: _____

Do you own or lease the building/office space? (Please check one): Own Lease Is this an Executive Suite? Yes No

If lease? Landlord/Leasing Company: _____ Lease Date: _____ Term: _____

A COPY OF YOUR CURRENT LEASE MUST BE INCLUDED WITH YOUR APPLICATION

Company name as listed with Directory Assistance: _____

What source have you relied on in the past for consumer credit information: New Company None Other: _____

Does your company have any operations or agents outside the United States or its territories? Yes No If yes, please provide the location and explain if they will have access to U.S. consumer files _____

BILLING INFORMATION

Billing Address (if different from Physical Address): _____

City: _____ State: _____ Zip: _____

Billing Contact – Name (“Attention To:” On NSS invoice) _____ Contact Title: _____

Billing Contact – Telephone Number: () _____ Billing Contact – Fax: () _____

Electronic Billing Contact Name: _____ Electronic Billing e-Mail Address: _____

OFFICERS, PARTNERS AND PRINCIPALS

As part of the application process, Nationwide Screening Services, Inc. may access a credit report on your company. Please specify the appropriate business structure below. As a “sole proprietorship” or “partnership,” we will need to access your personal credit file.

- A. The owner of the sole proprietorship applying for services with NSS.
Access of the Principal’s personal credit report is required. The information on the Principal below MUST be completed. Additionally, a copy of the Principal’s current driver’s license is required. Failure to provide either item will result in declining the application.
- B. Partners in the partnership applying for services with NSS.
Access of the Principal’s personal credit report is required. The information on the Principal below MUST be completed. Additionally, a copy of the Principal’s current driver’s license is required. Failure to provide either item will result in declining the application.

C. Officers of the corporation applying for services with NSS.

Access of the Principal's personal credit report is required. The information on the Principal below MUST be completed. Additionally, a copy of the Principal's current driver's license is required. Failure to provide either item will result in declining the application.

D. Official of a Government Agency applying for services with NSS.

Principal's Name: _____ Title or Position: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Birth Date: _____

Signature: _____ Date: _____

FAIR CREDIT REPORT ACT COMPLIANCE

Describe the specific permissible purpose for which information will be used*:

Estimated # of reports to be used monthly: _____ Nature of Business: _____

If you are a collection agency, do you only collect medical debts? Yes No

Does your firm conduct business through the internet? Yes No

Have you ever been a NSS customer or previously applied for services from NSS? Yes No

If yes, please provide company name: _____ Yes Yes, copy supplied

Yes No

***The reports obtained from NSS Screening Services, Inc. will only be utilized for the permissible purpose stated in this application. The reports will not be sold to a third party, consumers, associates etc. whether directly or indirectly. If at any anytime there is improper use of this credit information by my company or anyone associated with my company, my company may be held responsible for financial losses, attorney fees, or other monetary charges that may be incurred, as well as my access privilege may be terminated.**

BUSINESS REFERENCE

Bank Name: _____ Telephone Number: () _____

Checking Account Number: _____

BUSINESS REFERENCES

Name	Address	Acct #	Telephone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**ONSITE PROPERTY OBSERVATION REQUIRED
– FOR CREDIT REPORTS ONLY**

Federal regulation requires that NSS conduct an onsite property observation of your company. In most cases, this must be conducted prior to your account being established. Please note that NSS contracts with a vendor to conduct these property observations and that vendor will be contacting you on behalf of NSS to schedule an appointment. The following information must be completed to facilitate the property observation.

Contact Name: _____ Contact Title: _____

Telephone Number: () _____ Alternate Phone Number: () _____

Email Address: _____ Alternate Contact Name: _____

Note: The contact person or their alternate must be present when the vendor conducts the property observation.

SIGNATURE

I certify that the above information is accurate. Signing this application authorizes the release of information, including verification of bank reference, business references and authorization to access a personal credit report to Nationwide Screening Services By signing, I warrant that I have the authority to sign on behalf of the company. I acknowledge that an onsite inspection will be required for new customers.

Principal's Name: _____ Title or Position: _____

Principal's Signature (required): _____ Date: _____