

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: _____
Website Address: _____

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 (If sole owner or partnership, please complete the section below.)

I understand that the information provided below will be used to obtain a Consumer 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 Reports you will access monthly: _____
How will you access the Consumer Reports? Personal Computer Phone/Fax
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 APSCREEN product information will be used. (What will you do with the information obtained?)

This section MUST be completed.

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): _____

Business Reference (Vendor)

***For Personal Guarantors:** I authorize APSCREEN, APSCREEN Employment Screening Services, APSCREEN Tenant Qualification Services, and/or EMPLOYEELOCATOR.COM to use my credit card information below for payment of invoices:

Card Number _____ Exp. Date: _____

The following applies to consumer credit products I have read and understand the "FCRA Requirements" notice and "Access Security Requirements" components contained within the Subscriber Service Agreement and will take all reasonable measures to enforce them within my facility. I certify that I will use the APSCREEN product information for no other purpose other than what is stated in the Permissible Purpose/Appropriate Use section on this application and the Subscriber Service Agreement and for the type of business listed on this application and Subscriber Service Agreement. I will not resell or otherwise convey the report to any third party. 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.

Company Name

Print Name of Owner or Officer

Title

X _____
Authorized Signature

Date