

Legal Locator Service, LLC



www.legallocatorservice.com

MEMBERSHIP 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): <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Nonprofit <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Do you have any other company name(s) or dba? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , please list: _____
Website address(es)/URL _____

Physical Street Address (no P.O. Box numbers, please): _____
City: _____ State: _____ ZIP: _____
How Long? _____ yrs _____ mos.
Phone: () _____ Fax: () _____
Is this a residential address? <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Own <input type="checkbox"/> Lease

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

I understand that the information provided below may 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: _____

Affiliate or Parent Company Information

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? _____

Employment Permissible Purpose/Appropriate Use

Please list authorized requestors.
Bank Name: _____ Phone: () _____
Address: _____
City: _____ State: _____ ZIP: _____
Business Checking Account Number(s): _____

Bank Reference (Please provide the name of the bank which maintains your business checking account.)

The following applies, reports will only be used for Permissible Purpose for Employment: consumer credit products i.e. Consumer Credit Reports, Background Checks, Education Checks, Reference Checks, Business Owners Profile.

Confidential

I have read and understand the “**FCRA Requirements**” notice and “**Access Security Requirements**” and will take all reasonable measures to enforce them within my facility. I certify that I will use the TransUnion / Background Check Report 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 resell 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

Type or Print Name of Owner or Officer Title

X _____
Signature