

Membership Application

Company Name:		Also Doing	Business as:			
Contact Name:	Title:					
Company Main Phone #:						
Physical Address:		Billing Add	ress:			
Street		Street				
City State County	Zip	City	State	County	Zip	
**** Nature of Business:		Date Es	stablished:			
**** Intended use of Product(s): Pre-Employment	Tenant	Franchised	e			
Is the company exempt from sales tax? If "Yes" provide the appropriate resale or exemption certificate(s). Is the applicant engaged in the underwriting of insurance? Is the company licensed or providing service as an attorney or detective/investigative agency? If "Yes" indicate which:				Yes O N	Yes 🕒 No 💭 Yes 🗭 No 💭 Yes 💭 No 句	
Does the company intend to resell or release information from the consumer credit report to a third par Does the company provide credit repair or credit services for a fee? Will the company, or does the company have an Internet Web site address? If "Yes" please list site address		ird party? Yes O N Yes O N	10 O 01			
Is the business:						
A publicly held company under the regulatory authority	of the US S	Securities and E	Exchange Commis	ssion? Yes 🛈 No		
Listed in the Financial Industry Regulatory Authority's	(FINRA) p	ublication OTC	Bulletin Board (OCTBB)? Yes 🛈 No		
Subject to the regulatory authority of any agency listed	in Section 6	521(b) of the FC	CRA, 15 U.S.C §	1681s(b)? Yes O No		
A licensed insurance company?				Yes 🛈 No		
Approved by the InternalRevenue Service as a tax-exe the InternalRevenue Code 26 U.S.C. § 501(c)(3)?		zation pursuant		(3) of Yes () No	• •	
Certified by the Small Business Administration for part	ticipation in	an SBA-admin	istered program?	Yes O No	• •	
Certified by the by the Department of Transportation for Disadvantaged Business Enterprise Program?	orparticipat	ion in the Depar	rtment of Transpo	ortation's Yes 🛈 No	•0	
A Federal or State Agency?				Yes 🛈 No	0	
A franchise recreational vehicle dealership (auto and moverified as such through the direct manufacturer's webs		ealerships exclu	ded) that can be	Yes 🛈 No	0	
A franchise auto dealership that can be verified as such	through the	e direct manufac	cturer's website?	Yes 🛈 No	• •	
A mortgage broker and works from a residential site with	th proper ve	erification?		Yes 🛈 No	•0	



Please indicate if your business is categorized as:

Adult entertainment service of any kind	Yes	No
Asset location service	Yes	No
Attorney or Law Firm engaged in the practice of law, unless engaged in collection or using the report in connection with a consumer bankruptcy pursuant to the written authorization of the consumer.	Yes D	No
Bail Bondsman, unless licensed by the state in which they are operating	Yes Q	No (
Child location service - Company that locates missing children	Yes Q	No (
Credit counseling, except not-for-profit credit counselors	Yes O	No (
Credit repair clinic	Yes	No
Dating service	Yes O	No
Financial counseling, except a registered securities broker dealer or a certified financial planner	Yes O	No
Foreign company or agency of a foreign government	Yes O	No
Genealogical or heir research firm	Yes O	No
Law enforcement agency	Yes O	No
Massage service	Yes O	No
News agency or journalist	Yes O	No
Pawn shop	Yes 🛈	No
Private detective, detective agency or investigative company	Yes O	No
Repossession company	Yes O	No
Subscriptions (magazines, book clubs, record clubs, etc.)	Yes O	No
Tattoo service	Yes O	No
Time Shares - Company seeking information in connection with time shares (exception: financers of time shares)	Yes O	No
Weapons dealer, seller or distributor	Yes O	No
Other Reseller	Yes 🛈	No

If you are an attorney, law firm, law enforcement agency, private detective, detective agency, investigative company, insurance company, security service, or weapons dealer, please indicate the intended use of the products:

intelliCorp a Cisive company

Membership Application

Owner Name:		
Residence:		
Social Security #:	Signature:	
Federal Tax Id:		
Owner Name:		
Residence:		
Social Security #:	Signature:	
This section to be completed by 'Corpo	ation'	
This section to be completed by 'Corpor Officer Name:		
Officer Name:		
Officer Name:	Title:	
Officer Name:	Title: Title: Title:	
Officer Name: Officer Name: Officer Name:	Title: Title: Title:	

** Return via E-mail to <u>credentialing@intellicorp.net</u> or Fax to 216-450-5105. **