



Membership Application

Company Name: \_\_\_\_\_ Also Doing Business as: \_\_\_\_\_
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_
Company Main Phone #: \_\_\_\_\_ Web Page Address: \_\_\_\_\_
Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_
Street \_\_\_\_\_ Street \_\_\_\_\_
City State County Zip City State County Zip

\*\*\*\* Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

\*\*\*\* Intended use of Product(s): [ ] Pre-Employment [ ] Tenant [ ] Franchisee

- Is the company exempt from sales tax? Yes [ ] No [ ]
If "Yes" provide the appropriate resale or exemption certificate(s).
Is the applicant engaged in the underwriting of insurance? Yes [ ] No [ ]
Is the company licensed or providing service as an attorney or detective/investigative agency?
If "Yes" indicate which: \_\_\_\_\_ Yes [ ] No [ ]
Does the company intend to resell or release information from the consumer credit report to a third party? Yes [ ] No [ ]
Does the company provide credit repair or credit services for a fee? Yes [ ] No [ ]
Will the company, or does the company have an Internet Web site address?
If "Yes" please list site address \_\_\_\_\_ Yes [ ] No [ ]

Is the business:

- A publicly held company under the regulatory authority of the US Securities and Exchange Commission? Yes [ ] No [ ]
Listed in the Financial Industry Regulatory Authority's (FINRA) publication OTC Bulletin Board (OCTBB)? Yes [ ] No [ ]
Subject to the regulatory authority of any agency listed in Section 621(b) of the FCRA, 15 U.S.C § 1681s(b)? Yes [ ] No [ ]
A licensed insurance company? Yes [ ] No [ ]
Approved by the Internal Revenue Service as a tax-exempt organization pursuant to Section 501(c)(3) of the Internal Revenue Code 26 U.S.C. § 501(c)(3)? Yes [ ] No [ ]
Certified by the Small Business Administration for participation in an SBA-administered program? Yes [ ] No [ ]
Certified by the by the Department of Transportation for participation in the Department of Transportation's Disadvantaged Business Enterprise Program? Yes [ ] No [ ]
A Federal or State Agency? Yes [ ] No [ ]
A franchise recreational vehicle dealership (auto and motorcycle dealerships excluded) that can be verified as such through the direct manufacturer's website? Yes [ ] No [ ]
A franchise auto dealership that can be verified as such through the direct manufacturer's website? Yes [ ] No [ ]
A mortgage broker and works from a residential site with proper verification? Yes [ ] No [ ]



## Membership Application

Please indicate if your business is categorized as:

Adult entertainment service of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset location service	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Bail Bondsman, unless licensed by the state in which they are operating	Yes <input type="checkbox"/> No <input type="checkbox"/>
Child location service – Company that locates missing children	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit counseling, except not-for-profit credit counselors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit repair clinic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dating service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial counseling, except a registered securities broker dealer or a certified financial planner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Foreign company or agency of a foreign government	Yes <input type="checkbox"/> No <input type="checkbox"/>
Genealogical or heir research firm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Law enforcement agency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Massage service	Yes <input type="checkbox"/> No <input type="checkbox"/>
News agency or journalist	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pawn shop	Yes <input type="checkbox"/> No <input type="checkbox"/>
Private detective, detective agency or investigative company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repossession company	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subscriptions (magazines, book clubs, record clubs, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tattoo service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time Shares - Company seeking information in connection with time shares (exception: financiers of time shares)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapons dealer, seller or distributor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Reseller	Yes <input type="checkbox"/> No <input type="checkbox"/>

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:

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## Membership Application

**This section to be filled out by 'Sole Proprietors' or 'Partnerships'** (Please circle appropriate business type)

Owner Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Signature: \_\_\_\_\_

Federal Tax Id: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Signature: \_\_\_\_\_

**This section to be completed by 'Corporation'**

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\* Return via E-mail to [credentialing@intellincorp.net](mailto:credentialing@intellincorp.net) or Fax to 216-450-5105. \*\***