



DCI Credit Services, Inc.
 3333 East Broadway, Suite 1217
 Bismarck, North Dakota 58501
 Phone: 800-472-2182

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: _____
 E-Mail Address _____

Physical Street Address (**no P.O. box numbers please**): _____
 City: _____ State: _____ Zip Code: _____ How Long? _____ yrs. _____ mos.
 Phone: () _____ Fax: () _____ Is this a residential address? Yes No
 Previous Address: _____
 City: _____ State: _____ Zip Code: _____ How Long? _____ yrs. _____ mos.
 Federal Tax ID Number: _____
 Do you own or lease the building in which you are located? (please check one) Own Lease
 Company Website Address _____

Principal of the Company

I understand that the information provided below will 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 Code: _____

Additional Principal of the Company

I understand that the information provided below will 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 Code: _____

Additional Principal of the Company

I understand that the information provided below will 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 Code: _____

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 Code: _____

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? _____

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 reports will be used. (What will you do with the information obtained?)**This section MUST be completed.****Persons Authorized to Access Credit Reports****Bank Reference**(Please provide the name of the bank which maintains your business checking account.)

Bank Name:

Phone: ()

Address:

City:

State:

Zip Code:

Business Checking Account Number(s): _____

The following applies to consumer credit products (i.e. Consumer Credit Reports, Business Owners Profile, and Small Business Intelliscore):

I have read and understand the "FCRA requirements" and the "Access Security Requirements" and will take all reasonable measures to enforce them within my facility. I certify that I will use the product 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** _____
Authorized Signature_____
Date**Personal Guarantee:**

Guarantor: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone Number: _____

Social Security Number: _____

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