

AMS Ties, Inc.

Business Application: UPDATE

CODE NO. : _____

Date: _____

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: _____

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

I understand that the information provided below will be used for verification of my identity to protect the databases that I am applying for access to.

Principal/Company Officer 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 Credit Reports you will access monthly: _____

Website Address _____ E-mail Address _____

How will you access the Credit Reports? Phone/Fax e-mail Request/Return via Fax Mail in Request/Return via mail Online

INTER OFFICE USE ONLY:

Date _____ Initials _____ Fee Charged _____ Password _____

Permissible Purpose/Appropriate Use

(Application will not be processed unless this information is provided.)

Please describe the specific purpose for which Experian 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 Applicants Please Provide:

- **Business letterhead and business card**
- **Copy of Business License OR copy of Article of Incorporation**
- **Copy of Picture Identification**
- **Annual Renewal Fee of \$25.00 (WAIVED with yearly use of service)**
- **Signature of Authorizing Principal of Company below and referenced notices and policies –
FCRA Requirements, Access Security Requirements and AMS Ties Inc. Policies**

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” notice and “Access Security Requirements” and will take all reasonable measures to enforce them within my facility. I certify that I will use the Experian 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 Principal/Company Officer

Title

X

Authorized Signature

Date

AUTHORIZED USER(s)