



First Check

Applicant Screening

Thanks for the opportunity to serve you. We look forward to working with you.

Please complete our service agreement and our other disclosures and agreements and fax them back to us at 888.213.9341.

We need your signature on these documents to indicate your compliance with the laws regulating use of our reports.

Once your account is set up in our system, we will notify you and will send your login credentials by email.

It usually takes 24 hours or less to get your account set up and activated.

If you will be requesting to pull credit reports, the set up process takes longer due to the physical inspection of your office requirements by Experian. The normal set up time for accounts requesting access to credit reports is 2-3 business days.

Please let us know if you have any questions. You can reach us at 888.588.2525 ext 216.

Membership Application



First Check Applicant Screening
PO Box 92033 Southlake TX 76092
888-588-2525 / 817-410-8383 - Voice
888-213-9341 / 817-887-1467 - Fax

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: _____

Contact Email Address: _____ Web Site _____

Physical Street Address (**no P.O. box numbers, please**): _____

City: _____ State: _____ ZIP: _____ How Long? _____ yrs _____ mos.

Main 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

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

Principal 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 Screening Reports you will access monthly: _____

How will you access the Credit Reports? Personal Computer/ Internet Fax In Application

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 First Check reports will be used. (What will you do with the information obtained?)

This section MUST be completed.

Billing Information

Contact Name: _____ Phone: () _____

Address: _____ Fax: () _____

City: _____ State: _____ ZIP: _____

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): _____

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 First Check 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 sell the report to any consumer directly or indirectly. 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. I (our company) also agree to pay our bill in full each month according to First Check's payment terms which are Net 30.

I certify that I have read the above statements and all information provided is accurate and hereby authorize the **Bank Reference to Release** information to First Check.

Company Name

DBA Name (if applicable)

X _____
Authorized Signature

Date

Type or Print Name of Authorized Signer

Title

If you have questions or need additional information, please call 888-588-2525 ext

Revised 02/07

Lisa Manning



FCRA Requirements (Federal Fair Credit Reporting Act Public Law 91 -508)

Access Security Requirements

Although the FCRA primarily regulates the operations of consumer credit reporting agencies, it also affects the user of the information. Please read the Fair Credit Reporting Act located at <http://www.ftc.gov/os/statutes/fcrajump.htm>. Your signature below acknowledges your familiarity with the FCRA. We suggest you and your employees become familiar with the following sections in particular: 604 - Permissible purpose of reports, 610 - Conditions of disclosures to consumers, 615 - Requirements of users of consumer reports, 616 - Civil liability for willful noncompliance, 617 - Civil liability for negligent noncompliance, 619 - Obtaining information under false pretenses, 620 - Unauthorized disclosures by officer or employee.

Each of these is of direct consequence to users who obtain reports on consumers.

As directed by law, credit reports may only be issued if they are to be used for extending credit, review or collection of an account, employment purposes, underwriting insurance, or in connection with some other legitimate business transaction such as an investment, partnership, etc. It is imperative that you identify each report to be used for employment purposes when such a report is ordered. Additional state laws may also impact your usage of reports for employment purposes.

First Check strongly endorses the letter and spirit of the Federal Fair Credit Reporting Act. We believe that this law and similar state laws recognize and preserve the delicate balance between the rights of the consumer and the legitimate needs of commerce.

In addition to the Federal Fair Credit Reporting Act, other federal and state laws addressing such topics as computer crimes and unauthorized access to protected databases have also been enacted. As a prospective user of consumer reports, we expect that you and your staff will comply with all federal statutes and the statutes and regulations of the state in which you operate.

We support consumer reporting legislation that will ensure fair and equitable treatment for all consumers and users of credit information.

Regarding Access Security Requirements, we (as a reseller) have an obligation to implement policies which protect the confidential nature of credit databases and assure respect for the consumer's right to privacy. First Check customers are required to demonstrate a "permissible purpose" for obtaining credit reports and must act responsibly when accessing consumer credit databases.

It is a requirement that all First Check customers take precautions to secure any system or device used to access consumer credit information. To that end, the following requirements have been established:

- * Your First Check account number and any passwords must be protected in a way that this sensitive information is known only to key personnel. Under no circumstances unauthorized persons have knowledge of your password. The information should not be posted anywhere in your facility.
- * Any system access software you may use, whether developed by your company or purchased from a third party vendor, must have your account number hidden or embedded so that the password is known only to the supervisory personnel. Each user of your system access software then must be assigned a unique logon password.
- * Your account numbers and passwords are not to be discussed by telephone to any unknown caller, even if the caller claims to be an employee.
- * The ability to obtain credit information should be limited to a few key personnel.

* Any terminal devices used to obtain credit information should be placed in a secure location within your facility. Access to the devices should be difficult for any unauthorized personnel.

* Any device/systems used to access consumer reports should be turned off and locked after normal business hours, when unattended by key personnel.

* hard copies and electronic files of consumer reports are to be shredded or destroyed, rendered unreadable, when no longer needed and when it is permitted to do so by applicable regulations.

* Electronic files containing consumer report data and/or information will be completely erased or rendered unreadable when no longer needed and when destruction is permitted by applicable regulations(s).

"Any person who knowingly or willfully obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined not more than \$5000 or imprisoned not more than a year, or both." Federal Fair Credit Reporting Act (15USC1681q)

Signed _____ **Date** _____

Company _____ **Position** _____



TENANT SCREENING AGREEMENT

PO Box 92033 Southlake TX 76092

THIS AGREEMENT IS BETWEEN FIRST CHECK, INC. (A TEXAS CORPORATION) A CONSUMER CREDIT CREDIT REPORTING AGENCY AND

(HEREINAFTER REFERRED TO AS LANDLORD), A USER OF CREDIT REPORTS PROVIDED BY FIRST CHECK, INC.

FIRST CHECK, INC. AGREES TO PROVIDE LANDLORD WITH CREDIT REPORTS FOR USE IN EVALUATING POTENTIAL HOUSING RENTAL AGREEMENTS. LANDLORD UNDERSTANDS THAT THE INFORMATION PROVIDED IS OBTAINED BY THIRD PARTIES DEEMED TO BE RELIABLE; HOWEVER, THIS INFORMATION MAY BE SUBJECT TO ERROR. FIRST CHECK AGREES TO PROVIDE ACCURATE INFORMATION EXCEPT TO THE EXTENT ERRONEOUS INFORMATION IS SUPPLIED TO FIRST CHECK.

LANDLORD AGREES TO REQUEST CREDIT REPORTS ONLY FOR THOSE PURPOSES PERMITTED BY THE FAIR CREDIT REPORTING ACT (FCRA), PUBLIC LAW 91-508, AND WILL HOLD SUCH REPORTS IN STRICTEST CONFIDENCE. LANDLORD AGREES TO FULLY COMPLY WITH THE FCRA AND THE REAL ESTATE SETTLEMENT AND PROCEDURES ACT (RESPA), PUBLIC LAW 94-205, AND WILL HOLD FIRST CHECK HARMLESS FROM ANY LIABILITY CAUSED BY LANDLORD'S FAILURE TO FOLLOW THE TERMS OF RESPA OR THE FCRA. LANDLORD FURTHER AGREES THAT IT WILL NOT REQUEST CREDIT REPORTS FOR EMPLOYMENT PURPOSES OR ON ANY CURRENT OR PAST EMPLOYEE.

LANDLORD AGREES TO PAY MONTHLY STATEMENTS FROM FIRST CHECK IN FULL AND ACCORDING TO FIRST CHECK'S PAYMENT TERMS.

LANDLORD'S BILLING ADDRESS IS AS FOLLOWS:

FIRST CHECK, INC.

LANDLORD_____

BY_____

BY_____

DATE_____

DATE_____

FIRST CHECK APPLICANT SCREENING
Payment Authorization

Client Information (Please Print):

Company Name: _____

Primary Contact: _____ Years in Business: _____

Physical Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Website: _____ Federal Tax ID #: _____

Invoicing / Billing Information:

Billing Contact: _____ Title: _____

Telephone: _____ Fax: _____ E-Mail: _____

Please provide the following information (Must Complete):

Visa MasterCard American Express

Credit Card #: _____ Expiration Date: _____

Card Holder's Name: _____

CVV Number _____ (For Visa/MC, it is the last 3 digits after the credit card number in the signature area on the back of the card ; for Amex, you can find your four-digit card verification number on the front above the card number on either the left or right side of card).

Card Billing Address: _____ City: _____ St: _____ Zip: _____

Preferred Payment Method:

Please apply payment to our credit card

Note: Credit Card payments are processed on the first of each month. Invoices are emailed at the end of each month prior to the payment being processed.

Please Invoice (Net due within 30 days)

Terms: Unless prior approval has otherwise been granted, we must have a credit card on file to secure payment. Invoices are processed on a monthly basis. Payment for Invoices not received within the 30-day payment terms will be applied to the credit card on file as listed above. For pre-approved unsecured accounts, a \$25.00 late fee will apply for payments not received by the due date.

I certify that I am authorized to execute this Service Agreement on behalf of the company. Further, I certify on behalf of

_____, that the above statements are true and correct and agree to the terms and conditions stated in this Payment

Authorization Form.

Client Authorized Signature: _____ Title: _____ Date: _____

PLEASE SIGN AND FAX BACK TO 888-213-9341