

CREDIT HEADER/FCRA REQUEST FORM rev:03/16
Toll free fax: 800-537-3297 Local Fax: 931-537-3682
FAIR CREDIT REPORTING ACT AGREEMENT

Compliance by the Subscriber with all provisions of the Federal Fair Credit Reporting Act (Public Law 91-508, 15 U.S.C. Section 1681 ET SEQ., 604-615) and Consumer Credit Reporting Act (California Civil Code Sec. 1785.1-1785.34) and the Graham Leach Bliley Act Section 313.15(a)(2)(ii) or other jurisdictional requirements. Information will be requested only for the Subscriber's exclusive use, and the Subscriber will certify for each request the purpose for which the information is sought and that the information will be used for no other purposes. Subscriber agrees and understands that Credit Headers will be furnished to a Subscriber who it has reason to believe will use the report for permissible purposes, namely:

(YOU MUST CHECK ONE)

- [A] EMPLOYMENT PURPOSES
- [B] BY WRITTEN AUTHORIZATION OF THE CONSUMER TO WHOM IT RELATES
- [C] COLLECTION (for the collection of an account of the consumer)
- [D] INVOLVING A CREDIT TRANSACTION, EXTENSION, OR JUDGMENT
- [E] DETERMINING STATUS FOR A LICENSE / BENEFIT AS REQUIRED BY LAW
- [F] INSURANCE UNDERWRITING (use of report for an insurance claim is prohibited)
- [G] BUSINESS TRANSACTION INITIATED BY THE CONSUMER
- [H] CHILD SUPPORT - (Under Section 454 of the Social Security act (42 U.S.C. 654)
- [I] IN CONNECTION WITH TENANT SCREEN APPLICATIONS INVOLVING THE CONSUMER
- [J] BY COURT ORDER (having jurisdiction or a subpoena issued by a Federal Grand Jury)
- [K] WITNESS and VICTIM LOCATING
- [L] APPREHENDING CRIMINALS
- [M] LOCATING FRAUD VICTIMS
- [N] FRAUD PREVENTION
- [O] LOCATING FORMER EMPLOYEES

NOTICE: Federal Fair Credit Reporting Act above provides that any person who knowingly and willfully obtains information on a Consumer from a Consumer Reporting Agency under false pretenses shall be fined not more than \$5,000.00 or imprisoned not more than one year, or both.

INDEMNIFICATION: Subscriber shall indemnify, defend, and hold harmless from and against any and all cost and liabilities which may be asserted and/or assessed against the Provider, based upon the improper use by Subscriber of credit or any other information furnished to Subscriber by The Provider.

In Witness Whereof, The Subscriber Has Caused This Agreement To Be Executed By The Duly Authorized Party

CUSTOMER # _____ PHONE # _____ DATE _____

YOUR COMPANY NAME: _____

YOUR COMPANY ADDRESS: _____

AGENT: _____ AGENT: _____
 PRINT NAME OF AGENT LEGIBLE SIGNATURE OF AGENT

My signature certifies that **I AM THE END USER** of this report and that the information will be used for no other purposes.

THESE REPORTS ARE HEADER INFO ONLY AND ARE NOT FULL CONSUMER CREDIT REPORTS
YOU MUST CHECK AT LEAST ONE OF THE BUREAUS LISTED BELOW

HDR Requires Name and Address

- HDR1 - (CBI-Equifax)
- HDR2 - (Experian)
- HDR3 - (Trans-Union)
- SSFIND ADHST (pg. 6)

SSN Requires S.S.N.

- SSN1 - (CBI-Equifax)
- SSN2 - (Experian)
- SSN3 - (Trans-Union)

NAME OF SUBJECT: _____ SSN: _____

ADDRESS: _____

(NOT RESPONSIBLE FOR INTERPRETATION OF ORDERS NOT TYPED)