



The Information Network

www.ACRAnet.com

For ACRAnet Use Only	
Company Name	_____
Subscriber #	_____

Application for Service

APPLICANT PROFILE:

Firm Name _____ DBA: _____
 Phone Number (____) _____ Fax Number (____) _____
 Website: _____ e-Mail: _____
 Address* (Street): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Years in Business: _____ Length of time at location: _____

*If at location less than two years, please include previous address. If billing address differs, please indicate. If parent company is applicable, please indicate. Attach separate sheet if required.

Parent company: Yes No (listed below)

Address* (Street): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Fax: _____

Type of entity of applicant: Sole Proprietorship: Partnership: Corporation: LLC: Other: _____
 State/Date of Incorporation ____/____/____ Federal ID Tax #: _____

Principals (Owners, Partners, Officers, LLC Members)

Name: _____
 Home Address: _____ City/State/Zip: _____
 SSN: ____/____/____ Title: _____
 Name: _____
 Home Address: _____ City/State/Zip: _____
 SSN: ____/____/____ Title: _____

The below items are required by the repositories:

Applicant Requests Reports for the Following Purpose/Intent (Be as specific as possible):

Access to Credit Reports Will Be: Local Regional National Intended Monthly Volume: _____
 Type of Business: _____

OPTIONAL PAYMENT INFORMATION:

Credit Card Type: MC VISA Card #. _____ Expiration Date _____
 Name As it appears on Card: _____ Signature: _____
 Credit Card Billing Address if Different from listed: _____

Check here to authorize monthly credit card deductions.

REFERENCES:

Business Banking:

Name: _____ Phone: _____

City/State/Zip: _____ Checking Account #: _____

Business Credit References:

Name: _____ Phone: _____

City/State/Zip: _____ Account #: _____

Name: _____ Phone: _____

City/State/Zip: _____ Account #: _____

Bonded: Yes No *If yes:* Bonding Agency Name: _____

Phone Number:(_____) _____ Amount of Bond: _____

Names of firm(s) you have purchased credit reports from in the past:

Name: _____ Phone: _____

City/State/Zip: _____ Account #: _____

Name: _____ Phone: _____

City/State/Zip: _____ Account #: _____

MORTGAGE REPORTING CUSTOMERS ONLY:

Names of Wholesale and/or Investment firm(s) you have brokered to:

Name: _____ Phone: (_____) _____

City/State/Zip: _____ Contact Name: _____

Name: _____ Phone: (_____) _____

City/State/Zip: _____ Contact Name: _____

Name: _____ Phone: (_____) _____

City/State/Zip: _____ Contact Name: _____

(optional) List Loan Origination Software Package (LOS) you are currently using _____ Ver. _____

The below signed individual gives permission for ACRAnet to investigate the applicant for membership. This may include accessing credit reports on all officers, partners, and signors to the application. Property Owners/Landlord may be required to submit copy of tax statement as proof of ownership of rental property. Processing fee (if applicable) \$ _____

ACRAnet

Accepted By: _____

Date: _____

Please return completed contracts to:

ACRAnet, 521 W. Maxwell, Spokane, WA 99201

Attention: New Accounts Processing

Phone: 1-800-304-1249 Fax: 1-800-845-7435

Applicant

Signature must be by an Owner, Manager, or Officer.

Type/Print

Name: _____

Title: _____

Signed: _____

Date: _____