

# AMS Ties, Inc.

## Application for Business Services

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: \_\_\_\_\_

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

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

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: \_\_\_\_\_

### 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: \_\_\_\_\_

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

Website Address \_\_\_\_\_ E-mail Address \_\_\_\_\_

**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**
- **Company Check or Company Credit Card for \$50.00 Application Fee (non-refundable)**
- **Annual Renewal Fee of \$25.00 (WAIVED with yearly use of service)**
- **Site Survey and Credential Verification \$75.00 (non-refundable)**
- **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 “**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 Owner or Officer \_\_\_\_\_ Title \_\_\_\_\_

**X**  
 Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_
**INTER OFFICE USE ONLY:** Code No \_\_\_\_\_ Initials \_\_\_\_\_ Paid by \_\_\_\_\_