



Complete and Return to VeriScreen via fax 812-474-0745 or services@veriscreen.net

New Client Membership Application – No Credit Reports

To sign up you will need to 1) fill out the below section (all information must be provided for approval), 2) sign the membership agreement

General Information:

Company Name: _____ Doing Business As: _____

Contact Name: _____ Title: _____

Company Main Phone: _____ Answering Service Yes No

Physical Address: _____
Street City State County Zip

Billing Address (if different): _____
Street/PO Box City State County Zip

Nature of Business: _____ Date Established: _____

Is the applicant engaged in the underwriting of insurance? Yes No

Is the company licensed or providing service as an attorney or detective/investigative agency? Yes No
If yes, indicate which: _____

Does the company intend to resell or release information from the consumer report to a third party? Yes No

Officer/Owner Name: _____ Title: _____

Social Security #: _____ Signature: _____

Federal Tax ID #: _____

Point of Contact Information for account:

Name: _____ Phone: _____

Email address: _____ How did you hear about us? _____

I certify that the information provided on this application is true.

Signature: _____ Date: _____

Print Name: _____ Title: _____