

Alert Credit Bureau, INC.

3300 E. 1st Ave Suite 200

Denver, CO. 80206

Phone: 303*825*8469

Fax: 303*825*9152

Toll Free: 1*800*874*0034

Dear Valued Client:

We appreciate your interest in becoming a member of Alert Credit Bureau, Inc. We are dedicated to assisting you by providing you with the information you require to serve your clients.

Enclosed you will find an Application and Authorized User Information. The authorized user form is to be filled out if more than one person will have access to pull reports. Please complete these forms sign and return them to our office along with a **copy of the business license or tax identification number for your company**. You may fax or mail the required documentation. After we receive your information, a member number will be assigned to your account. Please use your member number when communicating with this office. Also include this number on any check sent to us as payment of an invoice.

You will find enclosed a copy of a Client Release Authorization Form. Please note that the person receiving the authorization form must ensure the identity of the applicant by collecting the identification number from the applicant's state issued ID or Federally issued passport and by signing the form where it states "verified by". As an unsigned request will not be processed, please make copies of this form.

Credit Reports, per individual, are priced at \$20 and come with the addresses and phone numbers of the listed creditors also known as Decodes from the Trans Union Corporation. The price for a couple with the same last name will incur a fee of \$32. The approximate turn around time is one hour. There is a one-time administration fee of \$20. Invoicing occurs at the beginning of the month following the month that your account registers activity.

Credit reports are to be used for the sole purpose of Bankruptcy filings initiated by the consumer. Any misuse of this report will result in a termination of the account and legal consequences dictated under the Fair Credit Reporting Act.

If you have any questions please give us a call; we look forward to working with you.

Sincerely,

Marie DePizzol

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Membership Application

I. Application:

Member #: _____ Phone: _____ Fax: _____

Members Name a Company Name: _____

Address: _____
Number Street City State Zip Code

Billing Address: _____
Number Street City State Zip Code

Applicants SS #: _____ Applicants Bank: _____ Account #: _____

Federal Law, Fair Credit Reporting Act, as amended 07/99, section 604, requires companies or individuals requesting a consumer credit report must have a valid permissible purpose. Please choose from the list below, the purpose for which you intend to use the consumer credit report(s) you will be requesting.

Type of Business and/or Product:

Retail _____ Financial _____ Employment Screening _____ Real Estate _____ Tenant Screening _____

Business (state product) _____ Guardianship/Conservatorship _____

Other (requires prior authorization) _____

II Agreement:

Member agrees to obtain the consumers WRITTEN consent; or, other document evidencing the right to obtain a consumer credit report. A copy of this consumer consent must be made available to Alert Credit Bureau, Inc. upon request. Member must keep a copy of this written consent for a period of not less than three (3) years. Member fully understands and agrees that information contained in the consumer credit report is exclusively for member's evaluation ONLY. Under no circumstances will the member review, disclose, or discuss contents of the credit report with the applicant (consumer), another employee, or anyone that does not have a legitimate business need.

The Fair Credit Reporting Act states:

ANY PERSON WHO OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE PRETENSES SHALL BE FINED NOT MORE THAN \$2,500 OR IMPRISONED NOT MORE THAN ONE YEAR, OR BOTH.

III Pricing:

Fees are in accordance with Alert Credit Bureau, Inc. current price list. The member understands and agrees that the monthly invoice is based on a net due upon receipt. In the event a delinquency occurs, charges on the unpaid balance will accrue at the rate of 1.5% per month or ten dollars, whichever is greater. It is further understood and agreed should legal action become necessary, collection fees, attorney fees, and court costs shall be the sole responsibility of the member.

Alert Credit Bureau, Inc. may cancel this agreement at its sole discretion.

I understand and agree with the terms of this agreement by evidence of my signature.

Member Signature: _____

Printed Name: _____ Date: _____

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Authorized User Information and Agreement

Member # _____

_____ is authorized by _____ (member) to
Print Print

request consumer credit reports using my Member Number.

As a member agent I agree never to share with anyone, knowledge of member numbers, user names, or passwords. I also understand I may not request consumer credit reports on friends, family members, or myself if I do not have a permissible purpose.

Member agent agrees to obtain the consumers WRITTEN consent; or, other document evidencing the right to obtain a consumer credit report. A copy of this consumer consent must be made available to Alert Credit Bureau upon request. Member must keep a copy of this written consent for a period of not less than three (3) years. Member agent fully understands and agrees that information contained in the consumer credit report is exclusively for member; evaluation **ONLY**. Under no circumstances will the member agent review, disclose, or discuss contents of the credit report with the applicant (consumer), another employee, or anyone that does not have a legitimate business need.

The Fair Credit Reporting Act states:

ANY PERSON WHO OBTAINS INFORMATION ON A CONSUMER FROM A CONSUMER REPORTING AGENCY UNDER FALSE **PRETENSES** SHALL BE FINED NOT MORE THAN \$2,500 OR IMPRISONED NOT MORE THAN ONE YEAR, OR BOTH.

Alert Credit Bureau, Inc. may cancel this agreement at its sole discretion.

I understand and agree with the terms of this agreement by evidence of my signature.

Authorized
Agent: _____ Member: _____ Date: _____

MEMBER!

You **MUST** notify Alert Credit Bureau immediately of any changes in your authorized users.

Each authorized agent must complete this form

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AUTHORIZATION FOR CREDIT CHECK

LAST NAME: _____ FIRST NAME: _____ INTL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

IF A JOINT REPORT IS DESIRED, PLEASE COMPLETE THE FOLLOWING
AN ADDITIONAL FEE WILL BE CHARGED PER BUREAU

SPOUSE'S FIRST NAME: _____ INTL: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

I HEREBY AUTHORIZE ALERT CREDIT BUREAU, INC. TO OBTAIN COPIES OF MY CREDIT BUREAU REPORT.
THE INITIATION OF THIS BUSINESS TRANSACTION IS FOR THE LEGITIMATE BUSINESS NEED OF BANKRUPTCY,
THE PERMISSIBLE PURPOSE FOR THIS REPORT IS UNDER FCRA SECTION 604(a)(3)(F)(I). I UNDERSTAND THAT ANY
CORRECTIONS I WISH TO MAKE TO MY CREDIT RECORDS, OR DISPUTES OF INFORMATION
CONTAINED THERIN MUST BE HANDLED WITH THE CREDIT BUREAU SUPPLYING THE
INFORMATION ON THE REPORT. I MUST FIRST OBTAIN A REPORT DIRECTLY FROM THE
SUPPLYING CREDIT BUREAU, BEFORE REQUESTING ANY CHANGES.

SIGNED BY: _____ DATE: _____

STATE IDENTIFICATION #: _____ STATE: _____

SPOUSE SIGNATURE: _____ DATE: _____

STATE IDENTIFICATION #: _____ STATE: _____

VERIFIED BY: _____ DATE: _____

(PLEASE SIGN YOUR FULL NAME)

MEMBER USE ONLY

MEMBER # _____ MEMBER NAME: _____

BILLING ADDRESS: _____

TEL: () _____ FAX: () _____ CONTACT PERSON: _____

CREDIT REPORT ONLY WITH DECODES