



**CALL ELEANORE**  
**SCREENING SERVICES**

3840 'A' Street Southeast, #105-197  
Auburn, WA 98002

**APPLICATION FOR MEMBERSHIP**  
**Property Management and Owners with Rental Property Business License**

**Important: All information must be completed accurately and in it's entirety to ensure timely processing.**

**Company Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Fax (\_\_\_\_\_) \_\_\_\_\_  
Website Address (if any) \_\_\_\_\_

Type of Business (check one)  Corporation  LLC  Partnership  Sole Proprietorship  NonProfit

Federal Tax ID#: \_\_\_\_\_ - \_\_\_\_\_

Washington UBI: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Location of Business (check one)  Commercial  Residential

Billing Address (if different than above):

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Company Officer**

Officer Name: \_\_\_\_\_  
Position or Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
\*Social Security Number: \_\_\_\_\_  
\*Date of Birth: \_\_\_\_\_

\* I understand that the information provided above is used for due diligence compliance and may be used to obtain a consumer credit report.

### Company Contact

Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Fax: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### Compliance and Permissible Purpose

Please describe the **specific** purpose for which consumer report information will be used:

\_\_\_\_\_

Please acknowledge the following by checking each statement.

- Yes, I certify that consumer product information will be used for no other purpose than that indicated above.
- Yes, I certify that consumer product information will not be resold to any third party.
- Yes, I acknowledge that I have been informed, understand and will adhere to requirements set forth by the FCRA as an end-user.
- Yes, I acknowledge that I have been informed and will adhere to my system access responsibilities and security as an end-user.

I certify that the information provided on this application is true and complete. I understand that by signing this Service Agreement that Call Eleanore may pull a personal credit report on an officer or owner of this company in connection with the approval of this application. I understand I may be held responsible for losses, termination of account access and monetary charges incurred if system is improperly used.

**Company Name:** \_\_\_\_\_

**Print Name and Title** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ (month) \_\_\_\_\_ (day), \_\_\_\_\_ (year)

\_\_\_\_\_