

Alert Credit Bureau, INC.

3300 E. 1st Ave Suite 200

Denver, Colorado 80206

Phone: 303*825*8469

Fax: 303*825*9152

Toll Free: 1*800*874*0034

Dear Valued Customer:

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 screen potential employees.

Enclosed you will find an Application, Addendum to Agreement, 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 your business license or Tax Identification Number. 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 and Workers' Compensation Release. Please make copies of these forms. These forms are to help you gather the necessary information from the applicant. Please note that the worker's compensation form must be notarized in order to be processed.

Credit Reports, per individual, are priced at \$20. This is a national report. Special packaging pricing includes Credit Report, Statewide Felony & Misdemeanor, Worker's Compensation Files and a Motor Vehicle Record for an individual within the state of Colorado for \$40. An additional service includes social security number verification for a fee of \$5 per individual. If a felony and misdemeanor check is desired for any county out of the state of Colorado they are priced generally at \$12 per county search. Please call the office as some states also have court costs. The turn around time is approximately two to three work days, and the request must be faxed or called into the office. Court records search from the state of Colorado is \$10.00. The member can use these records to identify areas of concern, which most members are not aware of when evaluating perspective employees. 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.

Please note that any of the above services can be done in any state throughout the United States. Please call the office for a current quote and turn around time.

Again welcome to our growing list of members. We look forward to working with you. If you have any questions please give us a call.

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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Access Security Requirements

Recognizing our responsibility and obligation to fully support and implement policies which protect the confidential nature of the information we supply and assure respect for consumer rights to privacy, ONLY authorized Members of Alert Credit Bureau Inc. that have a permissible purpose for obtaining credit reports, are allowed access. These security requirements must be implemented and adhered to by all Members and their Authorized Users.

It is a requirement that all Members and their Authorized Users take precautions to secure any system or device used to access consumer credit information. To that end the following requirements have been established:

Your Member Number is your company account number with Alert Credit Bureau Inc. This number should be included with any correspondence.
User ID's and passwords are issued to each individual user of your Member Account.

Under no circumstances should any other person have knowledge of your User ID or Password. Temporary, stand in or substitute employees are NOT to be allowed knowledge of User ID and **Passwords** unless they have on file at Alert Credit Bureau Inc. an accepted "Authorized User Information and Agreement" form.

Should any unauthorized person gain knowledge of your User ID and/or Password you are to contact Alert Credit Bureau, Inc. IMMEDIATELY!

DO NOT POST YOUR USER ID OR PASSWORD

Alert Credit Bureau, Inc. does not issue or reissue User ID's or passwords by phone. Never discuss your User ID or password *with any unknown* caller even if they claim to be an employee of Alert Credit Bureau Inc. or one of *the* major credit repositories.

Members are to notify Alert Credit Bureau, Inc. IMMEDIATELY of any change *in* their Authorized User status. Members, please limit the number of authorized users to a few key personnel.
Terminal devices (computer systems) should be placed in a secure location within your facility. Access to these devices should be difficult for unauthorized persons.

Do Not Save consumer credit reports electronically. Once a consumer credit report has been delivered via the Internet to your computer system you may print that report for your evaluation. Do not "save as". Printed (hardcopy), credit reports should be stored in a safe secure location and then shredded when no longer needed.

DO NOT SHRED THE CONSUMER RELEASE!

You **MUST** have on file a signed consumer release for each report you request and you **MUST** save this release for a period of 3 (three) years.
I have read and understand my access security responsibilities.

Member or Authorized Agent _____ Signature: _____ Date: _____
Print Name

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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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Do's & Don'ts

Do's

- ✓ Make sure you have a signed consumer release for each and every report you request.
- ✓ Only request consumer reports for the permissible purpose for which you have been authorized. This can be found on your membership application.
- ✓ Have a signed Authorized User Form on file with Alert Credit Bureau, INC. for each person you allow access.
- ✓ Keep signed consumer releases on for three years in a safe secure place.
- ✓ If unsure call our toll free number before you order a report. 1-800-874-0034
- ✓ Read all forms carefully before you sign and submit.

Don'ts

- ✗ Don't ever request consumer reports on yourself, friends or family members!
- ✗ Do not commit a Federal Offense by requesting consumer information without a signed release.
- ✗ Do not allow anyone access to your password or files.
- ✗ Do not store your password or consumer data electronically. (On your computer)
- ✗ Do not discuss consumer information with an unauthorized user.
- ✗ Do not leave consumer data visible. Print and Log out.
- ✗ Do not accept releases signed by anyone other than the consumer, spouses included.

I have read, understand and agree by the aforementioned.

Signed: _____

Printed Name: _____

Date: _____

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Authorization for Credit Check Employment Purposes

I HEREBY AUTHORIZE ALERT CREDIT BUREAU INC. TO FURNISH TO THE ALERT CREDIT BUREAU MEMBER INC., COPIES OF MY CREDIT REPORTS FROM ANY OR ALL OF THE MAJOR CREDIT REPORTING AGENCIES, TO BE USED FOR EMPLOYMENT PURPOSES. (Pre-employment, promotion or advancement, reassignment or periodic background checks.)

I UNDERSTAND THAT ANY CHANGES OR CORRECTIONS I WISH TO MAKE TO MY CREDIT RECORDS, OR DISPUTES OF INFORMATION CONTAINED THERIN MUST BE HANDELED DIRECTLY WITH THE CREDIT REPORTING AGENCY SUPPLYING THE INFORMATION ON THE REPORT. ALERT CREDIT BUREAU INC. AND MEMBER HAS NO KNOWLEDGE OF THE CONTENTS OF MY REPORT AND CAN OFFER NO ADVICE CONCERNING MY REPORT.

I UNDERSTAND THAT SHOULD I BE DENIED, OR BEFORE ADVERSE ACTION IS TAKEN, I AM TO RECEIVE:

- A COPY OF THE CONSUMER REPORT FROM THE ALERT CREDIT BUREAU INC. MEMBER
- A COPY OF THE SUMMARY OF CONSUMER RIGHTS IN THE FORMAT APPROVED BY THE FEDERAL TRADE COMMISSION.

I FURTHER UNDERSTAND THAT ALERT CREDIT BUREAU INC. PLAYED NO PART IN ANY DECISION TO TAKE ADVERSE ACTION AND IS UNABLE TO PROVIDE CONSUMER WITH SPECIFIC REASONS WHY THE ACTION WAS TAKEN.

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____ **Date of Birth:** _____

Driver's License Number: _____ **State of Issuance:** _____

Signature: _____ **Date:** _____

Member# _____ **Requesting Agent:** _____ **Date:** _____

Company Name: _____

Company Address: _____

Telephone: _____ **Fax:** _____ **Services Requested:** _____