

Individual User Set- Up / Change Form

Business Name:		
Individual User Name:		
Office address:		
City	State	Zip
If you have an account with us and are making changes to this form - Please provide us with your current user name -		
Office main telephone # ()	Your direct telephone # ()	
FAX # ()	E-MAIL Address	

PLEASE READ AND PLACE A CHECK MARK NEXT TO EACH

AS A CREDITFACTS USER I UNDERSTAND

1. THAT IT IS ILLEGAL TO PULL A CREDIT REPORT WITHOUT A SIGNED RELEASE FROM YOUR APPLICANT _____

2. I WILL ONLY PULL A REPORT FOR THE PERMISSIBLE PURPOSE I / MY COMPANY SIGNED UP FOR _____

3. I WILL NEVER PULL A CREDIT REPORT ON MYSELF, CO-WORKERS, FRIENDS, FAMILY MEMBERS OR RESELL CREDIT REPORTS TO THIRD PARTIES _____

4. I WILL NEVER SHARE MY USER NAME OR PASSWORD WITH ANYONE ELSE _____

5. I WILL KEEP MY USERNAME / PASSWORD IN A SAFE SECURE PLACE, NOT STORE IT ON MY COMPUTER OR WHERE ANYONE ELSE CAN SEE IT _____

6. THAT AN ADVERSE ACTION LETTER MUST BE SENT IMMEDIATELY TO ANY APPLICANT(S) DENIED DUE TO INFORMATION ON A CREDIT REPORT _____

7. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE **FCRA** CAN RESULT IN STATE, FEDERAL ENFORCEMENT ACTIONS AND THOUSANDS IN POSSIBLE FINES, AS WELL AS PRIVATE LAWSUITS. IN ADDITION, ANY PERSON KNOWINGLY AND WILLFULLY OBTAIN A CREDIT REPORT UNDER FALSE PRETENSES MAY FACE CRIMINAL PROSECUTION. Section 619" Federal Fair Credit Reporting Act . _____

SIGNED

End User Signature:	Date:
Manager / Supervisor Name:	Tel # ()
Manager / Supervisor Name Signature:	Tel # ()