

**Contact Information (application will be delayed without this information)**

Full Name: (First, middle, last)	
Street Address:	
City, State, ZIP Code:	
How long lived here?	
Previous Address:	
Social Security Number:	
Date of Birth:	
Mother's Maiden Name	
Name of Elementary School	
Name of High School Mascot	
What City Where You were married?	
Drivers License #	
Phone Number / Cell:	
Email Address:	
Creditchecktotal.com	Username:
Equifax.com :	Password:
Need Credit Score Improvement on ?	Equifax Experian TransUnion
Credit Score:	Equifax Experian Transunion

**Document Checklist (this must be completed fully in order to be processed!)**

*** Collect the following materials and send them along with this application. *** *** All materials must be <u>emailed only</u> . NO FAX COPIES! ***	
Driver License/ State ID	This must be a readable color copy of a Drivers License or State ID. If copy is not Legible (Able to be read), it will delay your processing.
Copy of Utility Bill	This bill do not have to have your name, but it must have full address printed on it, must be same address as the one on your credit report, and be within last 30 days. Examples: (phone, gas, electric, etc...) NO ADVERTISEMENT!
Copy of Social Security Card	This must be a readable color copy of your sscard. If the copy is not Legible (Able to be read), it will delay your processing.

--





In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and either mail or fax it to ChexSystems.

## Order Your Report Offline

Obtaining information under false pretenses is illegal. Obtaining a report on someone other than yourself is punishable by law, and can result in fines and/or imprisonment.

In order for Chex Systems, Inc. to properly identify the information contained in your consumer file, please provide the following information:

**First Name** \_\_\_\_\_

**Middle Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Maiden name or other  
last names used** \_\_\_\_\_

**Address\***  
(Street, PO Box, Apt #) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Phone Type** Home \_\_\_\_\_ Cell \_\_\_\_\_

**U.S. Social Security #** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**U.S. Driver's License #** \_\_\_\_\_ **State of issuance** \_\_\_\_\_

\*ChexSystems will correspond with you at the above address unless you request otherwise

### Addresses of any other residences you have had in the past five years

**Address**  
(Street, PO Box, Apt #) \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Address**  
(Street, PO Box, Apt #) \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Address**  
(Street, PO Box, Apt #) \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Order by Mail	Chex Systems, Inc Attn: Consumer Relations 7805 Hudson Rd, Suite 100 Woodbury, MN 55125
Order by FAX	Fax to 602.659.2197

## Early Warning Consumer Identification and Certification Form

Early Warning takes the privacy and security of consumer personal information very seriously. A copy of your consumer report will be provided upon proper identification, as required by the Fair Credit Reporting Act (FCRA). Please complete all applicable information, **print, sign and submit this form with a copy of identification**. See page 2 for return instructions and ID requirements. Consumer reports are sent within 15 days, as required by the FCRA, unless otherwise required by the consumer's state of residence\*.

### Consumer Information

Last Name	First Name	Middle Initial	Suffix
Name(s) Previously Used			
Current Street Address (include Apt #)	City	State	ZIP Code
Mailing Address (if different)	City	State	ZIP Code
Daytime Phone #	Alternate Phone #		
Social Security #	Date of Birth		
ID Type: <input type="checkbox"/> Driver's License	DL #	Issuing State	Issuing Country
<b><u>Copy of one type required</u></b> <input type="checkbox"/> ID Card	ID #	Issuing State	Issuing Country
<input type="checkbox"/> Passport	Passport #	Issuing Country	
<input type="checkbox"/> Other (explain)			

### Account Information

*(Complete if applicable)*

Financial Institution Name	Routing #	Account #
<i>To list additional accounts, please include on a separate page.</i>		

### Business Entity/Principal Information

*(For business accounts - also complete Consumer Information section)*

Business Name	Tax ID #
Business Address	City State ZIP Code
Position (President, Owner, etc.):	

Please send my consumer report by: U.S. Mail \_\_\_\_\_ Email \_\_\_\_\_

Pursuant to the Fair Credit Reporting Act and other applicable laws, I request that Early Warning provide to me a copy of the information in its files pertaining to me as specified in this Form. By submitting this Form, I certify to Early Warning that: (i) I am the consumer identified in this Form; (ii) all information provided herein is complete and accurate; (iii) I understand that Early Warning may verify that the information I have presented on this form is accurate and valid with third party sources.

The personal information you provide to Early Warning will only be used to respond to your request for a consumer file disclosure. Early Warning does not share or sell this information to any unauthorized parties.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*RI – 4 business days; CA and LA – 5 business days; Maine – promptly.

©2017 Early Warning Services, LLC. All Rights Reserved. All trademarks referenced in this material are the property of their respective owners

## Contact Information

Please return your completed, signed and dated Consumer Identification and Certification Form and a copy of one form of identification (Driver's License, ID Card, Passport or other government issued identification) to Early Warning by mail, fax or uploaded to our Secure Transfer Portal.

<u>Address:</u>	<u>FAX:</u>
Early Warning	480-656-6850
16552 N. 90th Street	
Scottsdale, AZ 85260	

To communicate electronically with us, via the Transfer Portal, go to <https://consumerservices.earlywarning.com>. When prompted for the Early Warning email address, enter [consumerservices@earlywarning.com](mailto:consumerservices@earlywarning.com). Follow the instructions on the screen to create your User ID and password, and to upload the documents to be transmitted to Early Warning. If you need technical assistance with the Transfer Portal please call 877-639-4457.

**DECLARATION BY AFFIDAVIT**

Having been duly sworn, Affiant declares the following:

1. Affiant stated legal name is:
2. Affiant Date of Birth is:
3. Affiant Social Security number is:
4. Affiant Drivers License Number is: State of:
5. Affiant current residence is:

STATE OF

COUNTY OF



SS: ACKNOWLEDGMENT \_\_\_\_\_

This instrument was acknowledged before me

On \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
My Commission Expires

Notary Stamp:

## DECLARATION BY AFFIDAVIT

Having been duly sworn, Affiant declares the following:

1. Affiant stated legal name is:
2. Affiant Date of Birth is:
3. Affiant Social Security number is:
4. Affiant Drivers License number is: State of:
5. Affiant current residence is:

**SAMPLE**

STATE OF

COUNTY OF



SS: ACKNOWLEDGMENT

**YOUR SIGNATURE HERE**

This instrument was acknowledged before me

On  day of , 20

Notary Signature

Notary Printed Name

My Commission Expires

Stamp:

