

Please complete the following information for each of the Credit Services to which your dealership subscribes. You may need to call the bureau to obtain some of the information. Please fax the completed form to 937-485-4039.

CBI (Equifax)

Business Phone Number _____ Contact Name _____

Data Phone Number _____ (1200/2400 baud)

Method used to communicate with bureau (direct, MCI network, other network) _____

Member Number _____ (up to 10 digits: ###AA#####)

Security Code _____ (2-3 digits) Report Format _____

Permissible Purpose Code* _____ (2 digits) End User Name* _____ (25 digits max)

Experian

Business Phone Number _____ Contact Name _____

Data Phone Number _____ (1200/2400 baud)

Preamble _____ (4 digits)

Subscriber Code _____ (7 digits) Password _____ (3 digits)

Permissible Purpose Code* _____ (2 digits) End User Name* _____ (25 digits max)

Trans Union

Business Phone Number _____ Contact Name _____

Data Phone Number _____ (1200/2400 baud)

Market ID _____ (2 numbers) Submarket ID _____ (2 letters)

Industry Code _____ (1 digit)

Member Number _____ (up to 8 digits) Password _____ (4 digits)

Permissible Purpose Code* _____ (2 digits) End User Name* _____ (20 digits max)

** Denotes fields to be completed only if a reseller is used to request bureaus*

Signature _____ Date _____

Name (Please Print) _____ Title _____

Dealership Name _____

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