

Subscriber Application Form



Please complete this form in its entirety, print then sign. Please email us your completed application form along with any other requested documentation to transunion membership support at salesupport@transunion.ca. Alternatively, your documents may be faxed to **1-800-515-9837**.

We are here to help! If you need any assistance, please give us a call at **1-855-488-4636** (option 4). The Membership Support team is available Monday to Friday, from 8:00 a.m. to 4:00 p.m. (EST).

1 COMPANY INFORMATION

ELIGIBILITY

In order to assess your eligibility for membership, we require an overview of your business, including how you intend to utilize the services. Please describe your intentions.

ACCESS METHOD *Internal Use Only

INQUIRY INFORMATION

When access is made to a credit file, an inquiry is posted to identify who has access the file. This information must be provided to the consumer when they request a copy of their credit file. Please see section 3 for how we may contact you to verify accuracy of this information.

Inquiry Name

(Limit of 32 characters, including spaces)

Inquiry Phone Number (000) 000-0000

ANTICIPATED VOLUME PER MONTH

NATURE OF BUSINESS

NAME OF THE OFFICERS AND DIRECTORS OF THE COMPANY

DATE ESTABLISHED YY/MM/DD	
WE REQUIRE THE FOLLOWING INFORMATION (ANSWER YES OR NO):	
1. Does your company provide investigative services?	YES NO
2. Does your company intend to resell credit report information to a third-party?	YES NO
3. Does your company work on behalf of another firm? (i.e. agent relationship)	YES NO
4. Does your company provide credit repair or credit consulting for a fee?	YES NO

2 ADMINISTRATIVE INFORMATION	
COMPANY LEGAL NAME	
PHYSICAL ADDRESS	SINCE DATE YY/MM/DD
BILLING ADDRESS Only if different to the physical address	
BRANCH TRANSIT If applicable	

3 CONTACT INFORMATION	
MAIN CONTACT	
Name	Email
Phone	Fax
ACCOUNTS PAYABLE CONTACT	
Name	Email
Phone	Fax

NOTIFICATION OF AMENDMENTS

Consumer reporting legislation requires notification to be supplied to recent customer inquiries when a consumer requests a change to their file. If an amendment is made and an inquiry by your organization is captured by this requirement, please provide the fax number to which TransUnion must supply this notification. Alternatively, the Electronic File Transfer Request Form can be completed to have these notifications received and accessed through an Electronic File Transfer method.

Note: If you do not complete this section entirely, we will assume the main contact and main fax number is to be used for these purposes.

FAX NUMBER Creditor Notifications	
CONTACT NAME	
EMAIL	

CONSUMER DISPUTES

Our goal is to maintain accurate information for TransUnion credit reporting. By law, TransUnion is obligated to verify the accuracy of the information on a credit report that a consumer disputes. If a customer does not recognize information on their credit report, or believes an item may be inaccurate, they may request an investigation that requires us to contact you for information.

Note: If you do not complete this section entirely, we will assume the main contact and main fax number is to be used for these purposes.

FAX NUMBER Creditor Notifications	
CONTACT NAME	
EMAIL	

FRAUD DISPUTES

Our goal is to maintain accurate information for TransUnion credit reporting. By law, TransUnion is obligated to verify the accuracy of the information on a credit report that a consumer disputes. If a customer does not recognize information on their credit report, or believes an item may be inaccurate, they may request an investigation that requires us to contact you for information.

Note: If you do not complete this section entirely, we will assume the main contact and main fax number is to be used for these purposes.

FAX NUMBER Creditor Notifications	
CONTACT NAME	
EMAIL	

4 CERTIFICATION

I (we) are applying to use TransUnion solutions. By signature below, I (we) certify that (i) all information provided to TransUnion as part of the membership application whether on this form or any other forms, as well as any documents submitted by applicant, are complete and accurate; and (ii) the signatory(ies) below are authorized officers of the Applicant entity.

Note: We are unable to accept electronic signatures at this time.

AUTHORIZED SIGNATURE	
PRINT NAME	
DATE YYYY/MM/DD	