



ACTION REQUIRED - Prescreen Permissible Purpose Certification

**EQUIFAX INFORMATION SERVICES LLC
PERMISSIBLE PURPOSE CERTIFICATION (PRESCREEN)**

Project # (Internal Use ONLY)

The specific purpose for which prescreen credit information will be used:

- Insurance
- Credit
- Other

Nature of Your Business:

- | | | |
|--|---|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Communications | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Auto - New | <input type="checkbox"/> Credit Repair | <input type="checkbox"/> Mortgage Broker |
| <input type="checkbox"/> Auto - Used | <input type="checkbox"/> Credit Reporting Agency | <input type="checkbox"/> Mortgage Lender |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Credit Union | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Broker (Non-Mortgage) | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Retailer |
| <input type="checkbox"/> Collections | <input type="checkbox"/> Hospital | <input type="checkbox"/> Utility |
| Type: | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Investigative/Detective Agency | |

Client certifies that in connection with the above project it will order consumer reports, as defined by the Federal Fair Credit Reporting Act, 15 U.S.C. §1681 *et. seq.*, as amended (the "FCRA"), only when Client intends to use the consumer report in accordance with the FCRA and all state law FCRA counterparts and for the FCRA permissible purpose of extending each consumer a firm offer of credit or insurance (as that term is defined in the FCRA). Client further certifies that it will use each consumer report ordered from Equifax for the foregoing purpose and for no other purpose and that it will not share with, or provide to, any third party such consumer reports, except as otherwise permitted by Equifax.

Certified By:

Client:

Name and Title: _____ **Date:** _____

Mailing Address:

Email Address: _____ **Phone:** _____

Vendor/Third Party Information:

Please provide name and mailing address for any third party entity (third party processor, mail shop, etc.) receiving data on your behalf for this project. Note: please utilize the second page if you need additional space to provide the information requested below.

Name: FIS

Name:

Mailing Address: 11601 Roosevelt Blvd. TA-60

Mailing Address:

St. Petersburg, FL 33716

Please return signed and completed form to Helpdesk.ProDirect@FISGlobal.com



Please utilize this second page should you need additional space.