

Universal Credit Services Inc Tax Return Verification Application

Subscriber Account ID Number (WEB) _____ (leave blank, UCS will complete)

PRINCIPAL OR RESPONSIBLE PARTY:

Client / Business Name: _____

Billing Address: _____
Street Address City State Zip

Main Contact Name: _____ Alternate Contact: _____

Social Security # or Tax ID#: _____ Email: _____

Phone: _____ Cell: _____ Fax: _____

!! IMPORTANT- Required for Approval

- Please include a copy of State issued Drivers License and or State Issued Identification Card of the Principal.
- Please include a copy of Official document for permissible purpose i.e, a copy of a business license or realtor's license

For Billing:

Type of Card (please circle) American Express MasterCard Visa Discover

Name as it appears on Card: _____

Credit Card Number: _____

Expiration Date: ____/____

3 digit security code located on back the card. 4 digit and front for AMEX _____

Signature of card holder: _____

If Credit Card billing address is different than address listed above, please fill out the address section below

Credit Card billing address: _____
Street City State Zip

I would like to be invoiced, please circle: YES NO

UCS will keep your credit card on file for future payments.

I certify that the credit card information provided on this application is true.

My Signature also guarantees all obligations and liabilities of the above named to Universal Credit Services Inc.

My Signature also guarantees that I have read, understand, and comply with all of the above credit card authorization.

Signature: _____ Date: _____

Print Name: _____

I _____ have read the above page and agree to all terms. Date ____/____/____

Fax: 866-431-1301 Email: TRVTODAY@UNIVCREDIT.COM

Please review the following terms and sign below certifying that you have read, understand and will comply with the following:

Subscriber agrees to abide by the laws governing the use of consumer credit information, especially the Fair Credit Reporting Act (FCRA).

Subscriber agrees to follow the procedures mandated by the FCRA for denial of credit report.

Subscriber **MUST** present to Universal Credit Services Inc the applicant's written permission authorizing subscriber to obtain a Tax Return Verification.

Subscriber understands the FCRA provides severe penalties for fraudulently obtaining a Tax Return Verification report.

Subscriber agrees that the information provided under this agreement is to be held in strict confidence and will not be disclosed to anyone, including the subject of the report, except as required by law.

Term. This Agreement shall continue in force without fixed date of termination, but either Universal Credit Services Inc or Subscriber may terminate the Agreement upon thirty- (30) day's prior notice to the other.

Mutual Indemnification. Subscriber shall indemnify, defend and hold Universal Credit Services Inc. and the respective credit-reporting agency harmless from and against any and all costs and liabilities, which may be asserted against Universal Credit Services Inc. or the credit reporting agency based upon the improper use by Subscriber of credit information furnished to Subscriber by the respective credit-reporting agency.

Contract in Entirety; Law. This agreement sets forth the entire understanding and agreement between Universal Credit Services Inc. and Subscriber and supersedes and prior or contemporaneous oral or written agreements or representations: it may be modified only by a written amendment duly executed by both parties. This Agreement shall be interpreted in accordance with the laws of the State of Pennsylvania.

Subscriber use Limitations. Subscriber hereby certifies and agrees that it will request and use Return Verification information received solely in connection with transactions involving the consumer as to whom credit information is sought and will not request or use such information for purposes prohibited by law. All such information shall be legitimate business purposes for which the information requested and will not sell or otherwise distribute to third parties any information received hereunder, except as otherwise required by law

Subscriber understands that Universal Credit Services Inc. **can deny and terminate any application and membership at its discretion.**

All clients monthly invoiced, are to remit payment by the 15th day of each month, to avoid a \$20 late fee.

I certify that I have read the enclosed Universal Credit Services Inc. Terms and Policy Agreement
I certify that the information provided on this application is true. I understand by the signature below, that you have my permission to obtain a personal credit report and other screening methods, on myself, in connection with approval of this application.
My Signature also guarantees all obligations and liabilities of the above named to Universal Credit Services Inc.
My Signature also guarantees that I have read, understand, and comply with all of the above membership application.

Signature: _____ Date: _____

Print Name: _____ I, _____ have read the

above page and agree to all terms. Date ____/____/____

Complete form and return to:

Fax: 866-431-1301 or Email: TRVTODAY@UNIVCREDIT.COM