

**NEW USER RECORD
TAX RETURN VERIFICATION SERVICE (TRV)**

To be completed on all new users of TRV Services (Please Print or Type)

Agency: CREDIT PLUS, INC.
530 Riverside Drive
Salisbury, Maryland 21801
800-258-3488

Fax: 800-258-3287

New User NCS No.
(Provided by NCS)

Group	Assoc
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21090083

Subscriber # assigned by Credit Agency:

Agency Contact
Responsible for New User: _____ Date: _____

Full Name of
New User: _____

Short Name of
New User: *(Use up to 30 characters, including spaces.)* _____

Address: _____

City: _____ State: _____ Zip: _____

TRV Reports to be used for: Prefunding Quality Control Both Other *(explain on reverse side)*

Estimate of TRV Reports Monthly:
(An estimate of monthly use will help NCS to maintain standard time service.)

CONTACT PEOPLE WITH NEW USER

Name	Position	Department	Telephone No.	Fax No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

FCRA CERTIFICATIONS: *The TRV Report is a "Consumer Report" as defined within the federal Fair Credit Reporting Act (FCRA). Both boxes in this section must be checked and this form signed below in order for NCS to approve the New User for TRV Services.*

FCRA The Agency must use reasonable procedures to verify the identity of the New User (including on-site visitation if deemed necessary). Check this box to certify that the Agency has used such reasonable procedures and the result was a verification of the positive identity of the New User.

FCRA Check this box to certify the Agency has advised the New User of the duties associated with the use, and penalties associated with the misuse, of TRV Reports; and certifies it has taken reasonable precautions to verify to its satisfaction that the New User has reasonable procedures in place to insure the legitimacy of signed forms used to authorize the use of TRV Reports.

Method Orders To Be RECEIVED by NCS: _____

Method Reports To Be DELIVERED by NCS: _____

(NOTE: Please be sure to note whether NCS will receive the TRV order directly from your subscriber *or* your office, and whether the TRV Report should be sent to your subscriber or directly to your office. **If no instructions are given, NCS will follow the default procedure previously defined by you.**)

INFORMATION TO APPEAR ON NEW USER'S FAX ORDER FORM: (Disregard if using TRV Forms Diskette)

User Name: _____

Address: _____

Contact: _____ Fax #: _____ Voice #: _____

TO NCS: We are using the TRV Forms Diskette to produce forms. Do not send forms, but RUSH New User's NCS No.

Agency certifies a contractual agreement exists between the New User and Agency regarding the use of TRV Services, and endorses the FCRA certifications made above.

Agency Authorized Signature: _____ Title: _____