

## Request for Business Third Party End User Subscriber Code

**SUBJECT:** Request for a Subordinate Subscriber Code for the third party End User listed:

Please, ADD  CHANGE  DELETE  a subscriber code number for a THIRD PARTY END USER:

End User's business location is:  COMMERCIAL  RESIDENTIAL

End User Company Name \_\_\_\_\_

End User Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

End User Contact/Title \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Describe how EXPERIAN information will be used by the branch/department (e.g., To evaluate the credit of customers interested in financing furniture purchases.) Please be specific: \_\_\_\_\_

End User business type (apartment complex, mortgage lender/broker, etc.) \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** Internet Access: YES \_\_\_\_\_ NO \_\_\_\_\_ (If this is not filled out it will default to NO)

**COMMENTS:** \_\_\_\_\_

### PIASC Reseller Statement and Signature

I certify that the above statements are accurate and hereby authorize EXPERIAN to issue a Subscriber Code Number in the end user name identified above under Reseller's master account. I warrant that the End User has been in the end user name identified above under Reseller's master account. I warrant that the End User has been informed of their responsibilities and will not resell the Experian report.

I understand that I and my company are responsible for this subcode in all respects, including payment of all billings.

0524340

Reseller Copy Subscriber Number

Abel Soto \_\_\_\_\_  
Reseller Signature Date

Abel Soto, Experian Coordinator  
Print Name and Title

Phone # (323) 728-9500 x232

Fax# (323) 724-2327

E-mail address abel@piasc.org

EXPERIAN USE ONLY	
END USER INFORMATION	
Preamble	_____
Subcode	_____
Password	_____
EXPERIAN Subcode Assigned By:	
Signature	_____
Date	_____