

Early Warning Consumer Identification and Certification Form

Early Warning takes the privacy and security of consumer personal information very seriously. A copy of your consumer report will be provided upon proper identification, as required by the Fair Credit Reporting Act (FCRA). Please complete all applicable information, **print, sign and submit this form with a copy of identification**. See page 2 for return instructions and ID requirements. Consumer reports are sent within 15 days, as required by the FCRA, unless otherwise required by the consumer's state of residence*.

Consumer Information

Last Name	First Name	Middle Initial	Suffix
Name(s) Previously Used			
Current Street Address (include Apt #)		City	State ZIP Code
Mailing Address (if different)		City	State ZIP Code
Daytime Phone # _____		Alternate Phone # _____	
Social Security # _____ - _____ - _____		Date of Birth _____	
ID Type:	<input type="checkbox"/> Driver's License	DL # _____	Issuing State _____ Issuing Country _____
<u>Copy of one type required</u>	<input type="checkbox"/> ID Card	ID # _____	Issuing State _____ Issuing Country _____
	<input type="checkbox"/> Passport	Passport # _____	Issuing Country _____
	<input type="checkbox"/> Other (explain) _____		

Account Information

(Complete if applicable)

Financial Institution Name	Routing #	Account #
<i>To list additional accounts, please include on a separate page.</i>		

Business Entity/Principal Information

(For business accounts - also complete Consumer Information section)

Business Name	Tax ID #
Business Address	City State ZIP Code
Position (President, Owner, etc.): _____	

Please send my consumer report by: U.S. Mail _____ Email _____

Pursuant to the Fair Credit Reporting Act and other applicable laws, I request that Early Warning provide to me a copy of the information in its files pertaining to me as specified in this Form. By submitting this Form, I certify to Early Warning that: (i) I am the consumer identified in this Form; (ii) all information provided herein is complete and accurate; (iii) I understand that Early Warning may verify that the information I have presented on this form is accurate and valid with third party sources.

The personal information you provide to Early Warning will only be used to respond to your request for a consumer file disclosure. Early Warning does not share or sell this information to any unauthorized parties.

Signature: _____

Printed Name: _____ Date: _____

Contact Information

Please return your completed, signed and dated Consumer Identification and Certification Form and a copy of one form of identification (Driver's License, ID Card, Passport or other government issued identification) to Early Warning by mail, fax or uploaded to our Secure Transfer Portal.

<u>Address:</u>	<u>FAX:</u>
Early Warning	480-656-6850
16552 N. 90th Street	
Scottsdale, AZ 85260	

To communicate electronically with us, via the Transfer Portal, go to <https://consumerservices.earlywarning.com>. When prompted for the Early Warning email address, enter consumerservices@earlywarning.com. Follow the instructions on the screen to create your User ID and password, and to upload the documents to be transmitted to Early Warning. If you need technical assistance with the Transfer Portal please call 877-639-4457.