

Early Warning Consumer Identification and Certification Form

As required by the Fair Credit Reporting Act, Early Warning will provide a copy of your file upon proper identification. Please complete all applicable information and **submit the form and a copy of one of the required identification documents** to Early Warning by one of the methods provided in the Contact Information section of this form.

Consumer Information for Consumer Identification Number			
Last Name	First Name	Middle Initial	Suffix
Name(s) Previously Used			
Mailing Address (include Apt #)		City	State
Current Street Address (if different)		City	State
Daytime Phone # _____		Alternate Phone # _____	
Social Security # _____ - _____ - _____		Date of Birth _____	
ID Type:	<input type="checkbox"/> Driver's License	DL # _____	Issuing State _____
<u>Copy of One type required</u>	<input type="checkbox"/> ID Card	ID # _____	Issuing State _____
	<input type="checkbox"/> Passport	Passport # _____	Issuing Country _____
	<input type="checkbox"/> Other (explain) _____		
Account Information <i>(Complete if applicable)</i>			
Financial Institution Name		Routing #	Account #
<i>To list additional accounts, please include on a separate page.</i>			
Business Entity/Principal Information <i>(For business accounts - also complete Consumer Information section)</i>			
Business Name		Tax ID #	
Business Address		City	State
Position (President, Owner, etc): _____			
Please send my consumer report by: US Mail <input type="checkbox"/> 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.

Address:

Early Warning
5801 N. Pima Rd
Scottsdale, AZ 85250

FAX:

480-656-6850

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.