NACM NORTHWEST
National Association of Credit Management
Driving results

Membership Application

Customer Information

Firm Name _____

DBA: _____

☐ Proprietorship ☐ Partnership ☐ LLC ☐ Corp Year Established _____ State _____ Federal Tax ID# _____

Address _____ City _____ State _____ Zip _____

PO Box _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Company Phone _____ Fax _____ Website _____

How long at current address? Months: _____ Years: _____ Type of address? Dedicated Commercial Building:_____ Multi-Tenant Building _____

Number of Employees _____ Gross Sales* _____ Industry Code(s): NAICS _____ BCAT _____ SIC _____

*(*For demographic and bank purposes only; will be treated confidentially)*

Firm is ☐ Manufacturer ☐ Jobber ☐ Distributor ☐ Bank ☐ Service ☐ Other _____

Products Sold/Services Rendered _____

Principal Type of Customer _____

Sales/Customer Area ☐ Local ☐ Northwest ☐ National ☐ International

Credit Contact: _____ Phone _____ Email _____

Title: _____

Controller/CFO: _____ Phone _____ Email _____

Other: _____ Phone _____ Email _____

1 - Type of NACM Membership: ☐ Full ☐ Premium ☐ Corporate

NACM Membership through NACM Affiliate of: _____ *or* ☐ NACM Northwest Membership

By checking the NACM Northwest Membership box and signing here, I authorize NACM Northwest to bill me for membership charges. Membership fees are renewed automatically. Any member wishing to terminate membership shall give written notice at least thirty (30) days in advance of the effective date of such termination.

Billed: ☐ Annually ☐ Quarterly

_____ _____ _____

Authorized Signature Title Date

2 - Communications Consent

By providing my name, company name, mailing address, email address, telephone and fax numbers above, I hereby consent to receive communications, notices, and ballots sent by or on behalf of the NACM Northwest companies and affiliates via email or fax, and this consent shall not expire unless revoked or modified in writing. I will advise NACM Northwest of any change in the above contact information or this authorization.

3 - Data Contribution

By signing below, I authorize NACM Northwest to share my contributed data on the NACM credit reporting database and in the publishing of credit and industry group reports provided to NACM Northwest customers. Prices charged to a customer for certain services are subject to the customer's status as "contributor" or "non-contributor" which shall be determined at NACM Northwest's sole discretion. The contributed data may be used for any lawful purpose. In addition, I authorize NACM Northwest to forward my company's contribution to the following national credit reporting databases.

Experian ☐ Equifax ☐

_____ _____ _____

Authorized Signature Title Date

4 - Group Membership

Group: _____ Start Service: _____

My firm hereby acknowledges NACM Northwest as sponsor of the group. We agree to fulfill and perform all the obligations and requirements of group membership contained in the bylaws and in any amendments, which may from time to time be made hereto. I authorize NACM Northwest to bill me for group charges. Group fees are renewed automatically. Any member wishing to terminate group membership shall give written notice at least thirty (30) days in advance of the effective date of such termination.