

## Customer Information

Firm Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

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 Main Line \_\_\_\_\_ Fax \_\_\_\_\_ Toll Free \_\_\_\_\_ 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 \_\_\_\_\_ Principal Type of Customer \_\_\_\_\_

Sales/Customer Area    Local    Regional    National    International

Credit Contact \_\_\_\_\_ Title \_\_\_\_\_

Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

Controller/CFO \_\_\_\_\_ Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

Other \_\_\_\_\_ Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

## Membership Terms and Conditions

Membership in NACM Commercial Services provides access to credit and financial publications; a professional certification program; membership and education activities; preferred access to certain business credit services, including credit reporting, industry credit group services, collection services; and membership in the national organization.

I consent to receive communications sent by or on behalf of NACM Commercial Services companies and affiliates via email. This consent shall not expire unless revoked or modified in writing. I will advise NACM Commercial Services of any change in the above contact information or this authorization.

I authorize NACM Commercial Services to bill me for membership fees, which are renewed automatically each year. A member wishing to terminate membership shall give written notice at least thirty (30) days in advance of the effective date of such termination.

Billing:    Annually    Quarterly

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**By** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

\* Note: In the Northwest (Washington, Oregon, Idaho, Montana, and Utah) services are provided by NACM Northwest Service Co. in California, by NACM Commercial Services California, LLC; in Nevada, by NACM Commercial Services Nevada, LLC; in Nevada, by NACM Commercial Services Nevada, LLC, and in Colorado, New Mexico and Wyoming, by NACM Commercial Services West LLC, all utilizing the D/B/A of NACM Commercial Services.

For NACMCS: Acct Exec \_\_\_\_\_ Type of Membership:    Corporate    Premier    Multiple

## Addendum – Data Contribution

I authorize NACM Commercial Services to share my company's contributed data of credit experiences with the NACM credit reporting database to be used in the publishing of credit and industry group reports provided to NACM customers. Prices charged for certain services are subject to the customer's status as "contributor" or "non-contributor" which shall be determined at NACM Commercial Service's sole discretion. The contributor shall be responsible for the timeliness and accuracy of the data contributed. The contributed data may be used for any lawful purpose.

In addition, I authorize NACM Commercial Services to forward my company's data to    Experian business credit reporting;  
 Equifax business credit reporting.

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**By** \_\_\_\_\_ **Authorized Signature** \_\_\_\_\_ **Title** \_\_\_\_\_