

# ASSOCIATE VENDOR MEMBERSHIP APPLICATION

National Credit Reporting Association, Inc. (NCRA)  
 125 E. Lake Street – Suite 200 – Bloomington – IL – 60108  
 Tel: (630) 539-1525 -- Fax: (630) 539-1526 -- Web: www.NCRAINC.org

**Referred by:**

\_\_\_\_\_ Name

\_\_\_\_\_ Company

All information submitted will remain in the strictest of confidence and will only be used for the purpose of evaluation the ability of the application of meet the Qualifications and Requirements of Membership in the NCRA.

(If additional space is needed, please use the back of the page(s) to provide complete information)

## Business Information

Company Name			
d/b/a			
Address			
City/State/ Zip			
Fed Tax ID No.			
Telephone No.		Fax No.	
Main Contact E-Mail:		Web Address:	

## Ownership Information

Owners Name			
Title			
Home Address			
City/State, Zip			
Telephone No.		E-Mail	

## Management Information

Manager Name:			
Address			
City/State/Zip			
Telephone No.		E-Mail	

Select One	Membership Types	Fees
	<b>Associate Member (Vendors/Credit Related)</b> Minimum annual dues for Associate Member – Vendors/Credit Related	\$1,000 / Year
<b>X</b>	<b>Associate Member (Vendors/Non-Credit Related)</b> Minimum annual dues for Associate Member Vendors/Non-Credit Related	\$500 / Year
<b>X</b>	<b>Application/New Member Fee:</b> <i>Upon denial of your application, the fee will be retained by NCRA</i>	<b>\$150 One-Time Fee</b>

Signature of Certifying Member: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**PAYMENT OPTIONS:**  
 Check: Please make Payable to: NCRA, Inc.  
 Credit Card: Discover/Visa/Mastercard/American Express (see attachment: Credit Card Authorization Form)



**National Credit Reporting Association, Inc.**

**NCRA Associate Vendor Membership Dues**  
**Credit Card Authorization Form**

**This form is provided to obtain your authorization to charge your credit card for the year 2003 NCRA Annual Dues.**

I, \_\_\_\_\_  
(Name)

of, \_\_\_\_\_  
(Company)

hereby authorize the National Credit Reporting Association, Inc. (NCRA) to automatically charge my credit card for \$\_\_\_\_\_.

**Credit Card Type**

Please circle the card you authorize us to charge. Please note that payments will be accepted by credit card only with a 3% or \$15 per transaction fee, which ever is greater.



**Discover - Visa - Mastercard - AmEx**

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name as it appears on credit card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please Note:*

***Please update the NCRA Business Office of any card number, name or expiration date change.***