

CONSUMERS FIRST Network - Membership Application



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Applicant Information (Must be a person, not a company.)

I. Personal Information

Full Legal Name: _____ Maiden/Former Name: _____ SSN: _____ Birth Date: _____
Sex: _____ Marital Status: _____ Place of Birth: _____ Home Phone: _____
 M F

II. Current Address

Street Address: (No P.O. Box) _____ City: _____ State: _____ Zip: _____ County: _____

III. Mailing Address - (If different from Current Address)

Address or P.O. Box: _____ City: _____ State: _____ Zip: _____

IV. Prior Residence History - If necessary, list additional residence address(es) on plain paper and attach to this form.

From (mm/yy) To (mm/yy) Address: _____ City: _____ State: _____ Zip: _____ County: _____

V. Employment - List for past five (5) years. If necessary, list additional employment on plain paper and attach to this form.

If self-employed, provide: name, address, phone, and contact person for 2 long-term customers and/or vendors and commercial landlord.

From (mm/yy) Company: _____ Address: _____ City: _____ State: _____ Phone: _____

May your current employer be interviewed? Yes No

VI. Background Information

1. Have you ever had a license denied by any state (except for failure to pass an examination)? Yes No
2. Have you ever had a license revoked, suspended, canceled, or non-renewed by any state? Yes No
3. Have you filed for bankruptcy, court protection, or reorganization during the past five years? Yes No
4. Is any bankruptcy proceeding filed by you, still pending? Yes No
5. Ever been disciplined, fined, or censured by any federal or state regulatory body or court? Yes No
6. Ever been convicted of or pled guilty or nolo contendere (no contest) to any misdemeanor or felony, or do you currently have pending any misdemeanor or felony charges filed against you? Yes No
7. Are you now the subject of any complaint, investigation, or proceeding that could result in a YES answer to any of the previous questions? Yes No
8. Have any complaints been filed against you with the Better Business Bureau? Yes No

NOTICE OF INVESTIGATION REPORT UNDER FAIR CREDIT ACT

I authorize all workers' compensation boards, industrial accident boards, corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, former employer and military services to release all written and verbal information about me to any reporting agency selected by CONSUMERS FIRST. I release them from any liability and responsibility for doing so. I also authorize CONSUMERS FIRST to procure a consumer/credit report for the purpose of reviewing and determining my worthiness in being appointed as a CONSUMERS FIRST Network Member. I understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I hereby verify the foregoing answers and statements are true and correct and declare that they were made under the penalties of perjury. I authorize CONSUMERS FIRST to release any information obtained to any CONSUMERS FIRST affiliate or to the principal of the agency recommending my appointment to CONSUMERS FIRST. I understand and agree that any misrepresentation of fact, whenever discovered, will be the basis for termination for cause of any such appointment.

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Assignment of Compensation (If different from Applicant. May be a company.)

Name: _____ Tax ID or SSN: _____

Relationship to Applicant: _____ Primary Phone: _____ Secondary Phone: _____

Address: _____ City: _____ State: Zip: _____

Application Fee

Please include the application fee of \$125 when you submit this application. The application fee is non-refundable. You may pay by check or credit card. If you wish to pay by credit card please complete the following:

I. Credit Card Information

Credit Card Type: (check one)

Mastercard Visa

Credit Card Number:

Expiration Date: (mm/yyyy)

Name as shown on card:

II. Credit Card Billing Address

Address: _____ City: _____ State: Zip: _____

Applicant Signature

I agree to immediately notify your office of any changes in the above information.

Signature: _____ Date: _____

CONSUMERS FIRST provides high-quality services to help our clients build and sustain healthy businesses. As in any strategic partnership, our reputation is at stake as well. **We expect our partners and clients to demonstrate a high degree of professionalism and ethical business conduct.**

Please mail completed application to:

CONSUMERS FIRST
Accounting Dept
P.O. Box 29257
St. Louis, MO 63126-9952