

Customer Application



APPLICANT INFORMATION:			
Company or Agency Name:	El Dorado County	Doing Business As:	Housing Programs
Nature of Business:	Affordable Housing and Economic Development Loans	Date Established (month/year):	11/23/1993
Contact Name:	Joyce Aldrich	Title:	Program Manager
Company Main Phone #:	530-621-6300	Company Main Fax #:	530-295-2598
Federal Tax ID:	94-6000511	Do you have an answering service?	No
Web Site Address:		E-mail Address:	jaldrich@co.el-dorado.ca.us
NAICS Code:	925110		
Location of Business Premises:			
Street:	937 Spring Street	City:	Placerville
State and Zip Code:	California 95667	County:	El Dorado County

BILLING INFORMATION:			
Contact Name:	Joyce Aldrich	Title:	Program Manager
Contact Phone #:	530-621-6276	Contact Fax #:	530-295-2597
E-mail Address:	jaldrich@co.el-dorado.ca.us		
Billing Address <i>(if different from location of business premises):</i>			
Street:	937 Spring Street	City:	Placerville
State and Zip Code:	California 95667	County:	El Dorado County

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TransUnion.

CUSTOMER SERVICE INFORMATION:			
Contact Name:	Sharon Guth	Title:	Department Analyst
Contact Phone #:	530-621-6376	Contact Fax #:	530-295-2598
E-mail Address:	sguth@co.el-dorado.ca.us		
Customer Service Address (if different from location of business premises):			
Street:	937 Spring Street	City:	Placerville
State and Zip Code:	California 95667	County:	El Dorado County

If you wish to purchase services and/or data from TransUnion, provide the following information:	
What are your intended uses of TransUnion services/data?	Housing and economic development loan program credit review for potential loans.
Are you exempt from sales taxes on TransUnion services? If yes, please provide the appropriate resale or exemption certificate(s).	No
Does your company do business in Texas (as defined in Texas Law Section 151.107)? If yes, TransUnion is required by Texas Regulation Section 3.343 to collect Texas sales tax on the sale of credit reports you purchase on Texas residents.	No
Are you a federal government agency or an entity certified by the federal government? If yes, are you purchasing TransUnion services under the Government Services Administration (GSA) service agreement? If yes, please provide your GSA Purchase Order #:	No
Are you involved in the underwriting of insurance?	No
For purposes under which you are making this application, are you, the company, or other employees of the company providing service as an attorney?	No
For purposes under which you are making this application, are you, the company, or other employees of the company providing service as a detective/investigative agency?	No
Do you intend to resell or release information from consumer credit report to a third party?	No
Do you, your business, or other officers in your business provide credit repair services?	No



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If you wish to furnish data to TransUnion, provide the following information:		
Have you furnished data to TransUnion previously? If yes, what was the last date that you furnished data to TransUnion? If yes, under what name did you furnish data to TransUnion?		
Do you currently provide data to Equifax or Experian?		
What is the current number of data records in your database?		
How many data records do you wish to furnish to TransUnion?		
At what frequency would you furnish data records to TransUnion?		
What is the nature of the records that you wish to furnish (Be as specific as possible; for example accounts receivable for credit cards, utilities, credit collections, mortgage loans, etc.)?		
You will be required to use E-OSCAR to furnish data to TransUnion. More information about E-OSCAR services and fees can be found at the E-OSCAR website (www.e-oscar.org).		
Would you be utilizing the services of a third-party processor(s) to furnish data to TransUnion?		
If you would be utilizing a third-party processor(s) to furnish data, please provide the following information for each processor used:		
Processor's name, address, and phone number:	Name, address, and phone number of processor's contact person:	Number of years processor used
1.		
2.		
3.		
4.		
5.		

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If you are a Sole Proprietor or Partnership, complete the following:

Check which applies:

I certify that the information provided on this application is true and that I understand that falsification of this document is grounds for denial or termination of a customer relationship with TransUnion and/or legal prosecution.

How many owners does your company have?

Owner #1 Information

Owner Name (printed full name, not initials):

Title:

Address of Owner's Residence:

Street:

City:

State:

Zip Code:

Social Security Number:

Signature:

Owner #2 Information

Owner Name (printed full name, not initials):

Title:

Address of Owner's Residence:

Street:

City:

State:

Zip Code:

Social Security Number:

Signature:

Owner #3 Information

Owner Name (printed full name, not initials):

Title:

Address of Owner's Residence:

Street:

City:

State:

Zip Code:

Social Security Number:

Signature:

Owner #4 Information

Owner Name (printed full name, not initials):

Title:

Address of Owner's Residence:

Street:

City:

State:

Zip Code:

Social Security Number:

Signature:

Owner #5 Information

Owner Name (printed full name, not initials):

Title:

Address of Owner's Residence:

Street:

City:

State:

Zip Code:

Social Security Number:

Signature:



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If you are a Sole Proprietor or Partnership, complete the following:

Notice: Each owner must provide TransUnion a copy of a government-issued photo ID such as a driver's license or state ID.

Other Types of Legal Entities:

Is your business legally designated as one of the following (Check which applies.)

State/Local Government

If you checked any of the above, complete the following:

How many officers/officials does your company have? 2

Officer Information

1 Officer Name: Doug Nowka	Title: Director
2 Officer Name: Jan Walker-Conroy	Title: Assistant Director
3 Officer Name:	Title:
4 Officer Name:	Title:
5 Officer Name:	Title:

I certify that I am authorized to sign this application and that the information provided on this application is true. I understand that by signature I certify that I answered the questions on this application accurately to the best of my ability, and that I understand that falsification of this document is grounds for denial or termination of the customer relationship with TransUnion and/or legal prosecution.

Name <i>(printed full name, not initials)</i> : Rusty Dupray	Title: Chairman, Board of Supervisors
Signature:	Date: