



18352 Dallas Pkwy
Suite 136-207
Dallas, TX 75287
ph: 888-499-7243
fax: 888-762-8279
cmbcollect.com

Commercial Credit Report Access Agreement

Customer Certificate

This Customer Certificate is agreed to below by the customer (hereinafter referred to as "Customer") for the benefit of C.M.B & Associates L.L.C. (hereinafter referred to as "CMB.") and may be subject to termination of access if violated.

Restrictions on Use

- I. In consideration for Customer's right to receive and use certain data and services (collectively, the "Services") from CMB, Experian, Equifax, Edgar Online, and all additional data providers not mentioned. Customer understands and certifies to CMB and Data Providers.**
- II. Will be used solely in connection with a present or prospective credit or financial transaction with the business entity inquired upon or for other legitimate commercial purposes.**
- III. Will NOT be used as a factor in establishing an individual's eligibility for (a) credit or insurance to be used primarily for personal, family or household purposes, or (b) employment;**
- IV. Will be used in compliance with all applicable laws, regulations, and ordinances, and all special use restrictions set forth in the Agreement or adopted by Data Providers and/or CMB hereafter;**
- V. Will be maintained in confidence and disclosed only to persons whose duties reasonably relate to the business purposes for which the information was requested.**
- VI. Customer is a valid business with a true business identity, and is using a computer that is in a secure location along with secured files and media storage.**
- VII. I am authorized by my company for the legitimate Internet utilization of CMB Services and all other provided Services through CMB's website.**

Payment Agreement

I understand as a representative of the company listed on the ACH Debt Authorization, That I will be will be responsible to pay for each transaction made by the authorized users listed on the account created for the purpose of receiving credit reports. I understand and authorize that the bank account provided and maintained on file, will be billed for the previous calendar month transactions listed on the report history of my account on the 5th day of the following month. Pricing and cost per transaction will be based on the published pricing listed on (www.cmbcollect.com/credit_reports) unless this agreement has an addendum attached that includes special pricing or a volume discount. All Credits or Corrections will be reflected on your next billing cycle. There will be no cost or penalty if there are no transactions made in any calendar month.



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Authorization ACH Debit

Company Name: _____

Name: _____
 Please print First Middle Last

Address: _____

City/State/Zip: _____

Contact Phone: (_____) _____

Customer Bank Account Information

Bank: _____ Phone Number: (_____) _____

Routing Number: _____

Account Number: _____

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated in the "Payment Agreement". This authorization shall remain in effect until the C.M.B. & Associates L.L.C. receives written notification from me of intent to terminate at such time and in such manner as to afford the C.M.B. & Associates L.L.C. and the bank reasonable opportunity to act (Minimum 30 days). If there is a bank account change, I understand this service will require a new ACH Debit Payment Authorization Form to be filled out and submitted to C.M.B & Associates 15 days prior to any change being implemented. I understand that this payment method may be cancelled by C.M.B. & Associates L.L.C., The Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay the balance in full and the NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment method. I indemnify and hold the C.M.B & Associates L.L.C, Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Print Name: _____

Customer Signature: _____

Date: _____

A voided check from customer's bank account must accompany this authorization form unless on file.