

PRELIMINARY MEMBERSHIP APPLICATION

FAX TO: (206) 728-6330

We hereby make application for membership and credit services, at the rates and under the terms and conditions indicated below, effective _____, 20____ and continuing thereafter unless notice of cancellation in writing is given at least thirty days in advance of any billing period after the expiration of one year. We agree, if elected to membership, to abide by the Bylaws of the Association.

MEMBERSHIP DUES - \$315.00 per year **\$ 315.00**

Entitles member access to collection services (including Free Pre-Collection Letter Service); access to industry credit group services (additional fee); monthly "Business Credit Magazine"; Annual Membership Meeting and Seminar (free event); Ask a Mentor Program; notification of educational opportunities; a online membership roster, (to be used for credit purposes only); discounted rates on special NACM seminars, the National Certification Program, the local Accreditation Program and NACM publications and the NACM National Resource Library.

BUSINESS CREDIT REPORTS / USAGE PER YEAR **\$ TBD**

Approximate Usage per year _____

INDUSTRY CREDIT GROUP/RATES VARY **\$ TBD**

I am interested in the following group(s) (subject to industry group approval):

Group(s): _____

WASHINGTON STATE SALES TAX, IF APPLICABLE – 9.5%– (membership dues are presently exempt) **\$ _____**

TOTAL ANNUAL CHARGE **\$ _____**

COLLECTIONS: I am interested collection services: Yes No

OTHER PRODUCTS/SERVICES: (billed annually)

- Construction Industries Bulletin - \$150.00 per year plus tax _____ Yes
- All Industries Bulletin - \$225.00 per year plus tax _____ Yes
- Seattle Daily Journal of Commerce - \$200.00 per year plus tax _____ Yes

BILLING PROCEDURES: New members with regular memberships may choose to be billed yearly or quarterly. If the quarterly option is chosen, the first invoice will be for two quarters in advance and the remainder of any present quarter (upon credit approval). Miscellaneous charges are billed on a monthly basis. Prices subject to change by order of the Board of Directors.

Date: _____ Firm Name: _____

By (please print): _____ Title: _____

Signed: _____

**THE CONDITIONS AND REGULATIONS ON PAGE TWO
ARE UNDERSTOOD TO BE A PART OF THE CONTRACT SUBSCRIBED TO ABOVE.**

THE FOLLOWING CONDITIONS AND REGULATIONS ARE UNDERSTOOD
TO BE AND ARE A PART OF THE CONTRACT SUBSCRIBED TO ON THE REVERSE
SIDE HEREOF:

1. To be entitled to a Business Credit Report, the member requesting the report must have a past or present experience with the party upon whom the report is requested, or a bona fide order from said party.
2. Member will use the information received under this Agreement only for legitimate business purposes. All such information shall be maintained by member in strict confidence and disclosed only to member employees whose duties reasonably relate to the legitimate business purposes for which the information is to be used. Member will not sell or otherwise distribute to third parties any information received hereunder.
3. Should any member wrongfully divulge information furnished by the Association, he may, at the discretion of the Board of Directors of NACM, WESTERN WASHINGTON-ALASKA, be denied the privileges of the Association, and his annual fee for services shall be the property of the Association, free from any claim of the member.
4. Under no circumstances shall the name of any member who has contributed information or the identity of the party requesting a report be divulged to anyone except by express permission.
5. NACM offers discount prices to members that contribute information to NACM. The prices charged to member for services hereunder are therefore subject to change immediately upon a change in member's status as a contributor or non-contributor in accordance with price schedules then in effect.
6. Should any member have reason to believe a report to be erroneous, member shall file a complaint with the Manager of the Association in writing stating his views as to the part or parts of the report he believes to be incorrect.
7. The accuracy of reports is not guaranteed by the Association. The information is gathered in good faith and sent to members by the Association without liability for negligence in procuring, collecting, communicating or failing to communicate the information so gathered.
8. Dues and services set forth in this contract are payable quarterly or annually in advance and any member failing to pay the quarterly/annual billing for a period of three months, and neglecting or refusing to pay the arrears after 10 days' notice has been mailed to member at the last known address, may be denied service and will, at the discretion of the Board of Directors, be expelled from membership.



MEMBERSHIP INFORMATION FORM

Please type or print legibly.

PLEASE COMPLETE THIS SECTION: (Please type or print legibly)

Complete Firm Name: _____

SIC Code: _____ Phone: _____ Fax: _____

Type of Business: _____

Year Business Started: _____ Tax ID Number: _____

Web Site Address: _____

Purpose for Reports: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Official Representatives: (Mail will be sent to the attention of person on line #1)

1. Mr/Mrs/Ms

Name _____ Title _____

Email Address: _____ Email Opt Out Yes No

2. Mr/Mrs/Ms

Name _____ Title _____

Email Address: _____ Email Opt Out Yes No

⇒ **Principle Officer or Owner: Mr/Mrs/Ms**

Email Address: _____

Accounts Payable Contact: Mr/Mrs/Ms _____

Bank: _____

Do you agree to contribute your A/R data? Yes _____ No _____

If yes, please give timeframe for this to be accomplished: _____

From what source/individual did you learn of NACM? (Include individual name & company)

NACM USE ONLY

Member Number: _____ **Business Category:** _____

No Reports NNN ()
 0 Units Z____ () 250 Units Q____ () 2000 Units W____ () C.I. Bulletin ()
 24 Units A____ () 375 Units R____ () Consumer () All Ind Bulletin ()
 48 Units B____ () 500 Units F____ () SBI () Daily Journal of Com. ()
 100 Units H____ () 1000 Units T____ () BOP () FCRA Form ()
Group Service: () Trial () Permanent

Subscriber Number: _____ **Password:** _____ **Internet Access:** Yes No

Special Interest: () Collections () Education () Other _____ () Constr. Ind. Related

Billing Type: () Quarterly () Yearly () Recd. Payment of \$ () Please Invoice

√ **Initial invoice:** Bill from _____ Through _____

Reason for -O- Report Contract: _____

Date Effective: _____ **AE:** _____ **Today's Date:** _____