\*Company Name\*

\*Address\*

\*City, State, ZIP\*

To: TransUnion Compliance

\*Company Name\* is a \*Type of Business\*. We will use credit information provided by your agency for \*Choose an item\*. We anticipate requesting approximately \*Insert Number\*

credit checks per month. I understand that this is a volume estimate only and is non-binding. We anticipate our access to be primarily \*Please Select One\*.

Thank you,

\*Name of Authorized Person\*

\*Title\*

\*Company Name\*

\*Phone Number\*

\*Fax Number\*

\*Email Address\*

