

**CUSTOMER VERIFICATION PROCESS**

As a global provider of information, LexisNexis is taking a proactive approach to protect consumers and our customers. One aspect of this approach is the verification of new customers. LexisNexis has built a strong, process-controlled system to protect sensitive information from those individuals without a permissible use to view such data; it is essential that LexisNexis knows who is requesting that data, what is being requested, and why to meet both contractual obligations with data providers and internal control standards. LexisNexis is entrusted with highly sensitive, personally identifiable information and takes this responsibility very seriously.

To help us expedite the process, please:

- **Fill out all application and contract forms in their entirety,**
- **Provide a copy of a current federal, state, county, or city business license or occupational license, AND**
- **Provide a copy of the company's most recent phone bill.** The page submitted should include the company name, phone number, and business address.
- In some cases additional information is needed since the individual contract signatory, as well as the main contact need to be verified. If requested, please provide additional business documentation or personal information.
  - If your company has just been formed or has recently moved, supplemental documentation may be needed to verify the business entity. Providing documents such as a lease or occupancy permit with the completed contract will expedite the verification process.

Documents we may request include:

- Current Federal, State, County, or City Business License or Occupational License
- Driver's License
- Occupancy Permit
- Articles of Incorporation or other Corporate Filing
- Utility/Phone Bill (must contain address/phone number)
- Lease (must contain address/phone number)
- Collection Agency License or Collection Agency Surety Bond
- Sales Tax License/ Registration

The verification process includes a phone call to the contract signatory or main contact to confirm the order. During this phone call, the accuracy of the contact information and the purpose for which the company will be utilizing the LexisNexis services will be verified. The LexisNexis Verification Analyst will need to speak to individuals specified as the contract signatory or main contact. The order cannot be released for final processing until phone contact is made and this information is confirmed. We appreciate your prompt reply to any voice messages to help us expedite the process.

LexisNexis respects the privacy of your personal information. Information obtained during the verification process will not be used for any other purpose.

- ☞ **Completion of all fields is required**
- ☞ **Customer must sign printed copy of form**
- ☞ **Fax completed and signed form to Order Status at 937-865-1760**

**ORGANIZATION INFORMATION ("Customer")**

Organization Name Hidalgo County Public Defender's Office

Physical Address 100 E. Cano, Ste. 206

City Edinburg State TX Zip 78539

Telephone 956.292.7040 Organization Web Address \_\_\_\_\_

**PRINCIPALS/PARTNERS/OWNERS/EXECUTIVE OFFICERS (if applicable)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Title \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Title \_\_\_\_\_

**MAIN CONTACT INFORMATION** - An individual designated as a Main Contact will be presumed to have authority to verify account information and request changes to said information.

For verification purposes only, each Main Contact must provide the following information requested below. Verification will be performed on the principals and individual(s) listed below, as well as the organization. Please note that the verification process may include telephone contact with the individual(s) listed below; please provide a business telephone number through which the Main Contact may be reached. LexisNexis respects the privacy of your personal information; information obtained during the verification process will not be used for any other purpose.

Last Name Pacheco First Name Yvette M.I. \_\_\_\_\_  
Title Investigator Telephone 956.292.7040  
Email Address yvette.pacheco@co.hidalgo.tx.us  
1. First five digits of your Social Security number \_\_\_\_\_ - \_\_\_\_\_  
2. Full date of birth \_\_\_\_\_  
3. Complete Home Address \_\_\_\_\_  
4. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_  
5. State where individual holds professional license and/or where business is licensed or incorporated. \_\_\_\_\_ Bar/Registration Number/Corporate Registration Number \_\_\_\_\_

**ADDITIONAL ADMINISTRATOR OR CONTACT INFORMATION (Optional)** - Please refer to preceding text for additional information.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_  
1. First five digits of your Social Security number \_\_\_\_\_ - \_\_\_\_\_  
2. Full date of birth \_\_\_\_\_  
3. Complete Home Address \_\_\_\_\_  
4. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_  
5. State where individual holds professional license and/or where business is licensed or incorporated. \_\_\_\_\_ Bar/Registration Number/Corporate Registration Number \_\_\_\_\_

**ORGANIZATION INFORMATION** - Not all fields will apply to all organizations. Please enter all information applicable to the organization.

Private Corporation       Sole Proprietor       Partnership / LLC      State of \_\_\_\_\_  
 Publicly Traded Company  
Ticker Symbol \_\_\_\_\_ Exchange \_\_\_\_\_ Parent Company \_\_\_\_\_  
No. of Employees \_\_\_\_\_ No. of years in business \_\_\_\_\_ No. of years at address \_\_\_\_\_  
No. of Attorneys \_\_\_\_\_ Practicing Area of Law \_\_\_\_\_  
Business / Professional License Number \_\_\_\_\_  
Date Issued / Expiration Date \_\_\_\_\_ Issuing dept. or division \_\_\_\_\_  
County Issued \_\_\_\_\_ State \_\_\_\_\_

Has Customer or Customer's agent, employee, or user ever been subject to civil, criminal, or professional sanctions in their line of business?  Yes  No

If yes, please describe in detail and provide information about proceeding and the corrective measure taken. Please attach supporting documentation as applicable. \_\_\_\_\_

Has Customer or Customer's agent, employee, or user been barred or prevented from conducting business in any jurisdiction (local, state or federal)?  Yes  No

If yes, please describe in detail and provide information about the proceeding and corrective measure taken. Please attach supporting documentation as applicable. \_\_\_\_\_

**PERMISSIBLE USE CERTIFICATION – Please select all choices applicable to the organization.**

**GLBA PERMISSIBLE PURPOSE**

Some LexisNexis Services use and/or display nonpublic personal information, which is governed by the privacy provisions of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801 et seq.) and its implementing regulations (collectively, "GLBA"). Customer certifies it has the permissible use under the GLBA to use and/or obtain such information, as marked below, and Customer further certifies it will only use such information obtained from LexisNexis Services for such purpose(s) selected below or, if applicable, for the purpose indicated by Customer electronically while using the LexisNexis Services.

**(At least one must be INITIALED to be permitted access to GLBA data.)**

- \_\_\_\_\_ No permissible use;
- \_\_\_\_\_ 1. As necessary to effect, administer, or enforce a transaction requested or authorized by the consumer;
- \_\_\_\_\_ 1. (B) As necessary to effect, administer, or enforce a transaction requested or authorized by the consumer by verifying the identification information contained in applications for employment, housing, or insurance (**Accurint Only**);
- \_\_\_\_\_ 2. To protect against or prevent actual or potential fraud, unauthorized transactions, claims or other liability;
- \_\_\_\_\_ 3. In required institutional risk control programs;
- \_\_\_\_\_ 4. In resolving customer disputes or inquiries;
- \_\_\_\_\_ 5. Use by persons, or their representatives, holding a legal or beneficial interest relating to the consumer;
- \_\_\_\_\_ 6. Use by persons acting in a fiduciary or representative capacity on behalf of the consumer;
- \_\_\_\_\_ 7. In complying with federal, state, or local laws, rules, and other applicable legal requirements;
- \_\_\_\_\_ 8. To the extent specifically permitted or required under other provisions of law & in accordance with the Right to Financial Privacy Act of 1978, to LE agencies, self regulatory organizations, public safety.

**DPPA PERMISSIBLE PURPOSE**

Some LexisNexis Services use and/or display personal information, the use of which is governed by the Driver's Privacy Protection Act (18 U.S.C. § 2721 et seq.) and related state laws (collectively, "DPPA"). Customer certifies it has a permissible use under the DPPA to use and/or obtain such as marked below, and Customer further certifies it will only use such information obtained from LexisNexis Services for such purpose(s) selected below or, if applicable, for the purpose indicated by Customer electronically while using the LexisNexis Services:

**(At least one must be INITIALED to be permitted access to DPPA data.)**

- \_\_\_\_\_ No permissible use;
- \_\_\_\_\_ 1. In connection with any proceeding (including arbitration) in any court or government agency, or before any self-regulatory body, including investigation in anticipation of litigation;
- \_\_\_\_\_ 2. To verify the accuracy of information about a person who provided the information to you (or your client) but only if used to recover on a debt against the person or to pursue legal remedies against the person for fraud;
- \_\_\_\_\_ 3. Use by a government agency but only in carrying out its functions;
- \_\_\_\_\_ 4. Use by any person acting on behalf of a government agency but only in carrying out the agency's functions;
- \_\_\_\_\_ 5. Use by an insurer (or its agent) in connection with claims investigation activities, antifraud activities, rating or underwriting;
- \_\_\_\_\_ 6. In connection with motor vehicle safety or theft, or driver safety (except for a motor vehicle manufacturer);
- \_\_\_\_\_ 7. Use by an employer or its agents or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under Chapter 313 of Title 49 of the United States Code. (**Accurint Only**)

**SIGNATURE OF CUSTOMER**

By signing below, I, the customer, acknowledge that I have provided accurate and complete information required of me and have accepted the Terms and Conditions of the "Online Services" viewable at <http://www.lexisnexis.com/terms/general/>.

I acknowledge that completion of this document does not guarantee successful verification or the creation of a LexisNexis account.

I also agree to be contacted and provide any additional information, if needed, in order to process this verification request.

**Signature:** \_\_\_\_\_

**Name (please print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

LexisNexis respects the privacy of your personal information; information obtained during the verification process will not be used for any other purpose.