

Government Credentialing Application



Experian Information Solutions Division

Important: All information must be completed in its entirety. Please print clearly and legibly to ensure accurate and timely processing.

Agency Information

Legal Agency Name: Williamson County Elections Department
DBA or Assumed Name: Williamson County Elections Department Estimated # of Credit Reports Accessed Monthly: 0
Type of Agency: Federal State Municipality Tribal Other _____
Government Website: www.wilco.org Government Email Address: cjdavis@wilco.org
Primary procurement contact name, title address and phone : _____ Email Address: _____
Primary legal Contact name, title address and phone : _____ Email Address: _____
Primary Technical Contact name, title address and phone : Chris J. Davis Email Address: cjdavis@wilco.org
Elections Administrator
Tax ID #: _____

Business Physical Address (**no P.O. box numbers**): 301 SE Inner Loop, Suite 104
City: Georgetown State: TX Zip: 78626 How Long? _____ yrs _____ mos.
Primary Phone: (512) 9431630 Fax: () _____ Is this a **residential** address? Yes No
Contact for Physical Inspection: _____ Phone Number : (512) 9431630 Title: Elections Administrator

Billing Address (if different): same as above City: _____ State: _____ ZIP: _____
Billing Contact: _____ Title: _____ Email Address: _____ Phone: () _____

Previous Business Address: _____
City: _____ State: _____ Zip: _____ How Long? _____ yrs _____ mos.
Have you previously applied or have been an Experian Member? Yes No **If Yes, when?** _____
Under what business name? _____ Previous Member Number (if Known): _____

Parent or Affiliated Agency Information

Parent Agency Name (if applicable): _____
Contact Name: _____ Title: _____ Phone: () _____
Address: _____ City: _____ State: _____ ZIP: _____

Permissible Purpose/Appropriate Use

(Application will not be processed unless this information is provided.)

Provide detailed description of your use of Experian products and consumer data. Also, describe the nature of your business interaction with consumers.
To comply with Federal, State, or local laws, rules and other applicable legal requirements / Fraud Prevention

Head Designate for Internet Access

Full Name & Title: Julie Seippel

Email Address: Williamson County Elections Department

Phone Number: (512) _-9431631

Signature (if different from below): _____

User ID - First Choice (minimum 6 characters) _____

User ID - Second Choice (minimum 6 characters) _____

User ID - Third Choice (minimum 6 characters) _____

Head Designate Certificate. If access to Experian services will occur via the Internet, Company agrees to identify an individual (the "Head Security Designate") that will act on behalf of Company for the purpose of submitting all requests to create, change or lock designate and/or end user access accounts and permissions to Experian systems and information via the Internet. For purposes of assigning a Head Security Designate, an agent is the same as the Company. Company certifies that the designate(s) is an authorized representative of Company's business and will be available to interact with Experian on information and product access matters, in accordance with Access Security Requirement for FCRA and GLB 5A Data ("Guidelines"). Company acknowledges that the Guidelines may be updated from time to time by Experian and will be communicated to Company in writing. Company acknowledges and agrees that Company (a) has received a copy of the Guidelines, (b) has read and understands Company's obligations described in the Guidelines, (c) will communicate the contents of the Guidelines, and any subsequent updates thereto, to all employees that shall have access to Experian Services via the Internet, and (d) will abide by the provisions of the Guidelines when accessing Experian data via the Internet. Changes in Head Security Designate status (e.g., transfer or termination) are to be reported to Experian immediately.

If this application involves Company's use of consumer credit products then the following shall apply:

I have read and understand the "FCRA Requirements" notice and Experian's "Access Security Requirements" and will take all reasonable measures to enforce them within my facility. I certify that I will use the Experian product information for no other purpose other than what is stated in the Permissible Purpose/Appropriate Use section on this application and for the type of business listed on this application. I will not sell the report to any consumer directly or indirectly. I understand that if my system is used improperly by Company personnel, or if my access codes are made available to any unauthorized personnel due to carelessness on the part of any employee of my company, I may be held responsible for financial losses, fees, or monetary charges that may be incurred and that my access privilege may be terminated.

Important Tax Notice

If Company is exempt from sales tax in any of the states where the information is delivered to you or accessed by you, please send Experian a completed and signed sales tax exemption certificate for each of those states.

I certify that I have read the above statements and all information provided is accurate.

Williamson County Elections Department

Legal Agency Name

DBA Name (If Applicable)

X _____
Authorized Signature

Date

Title

Type or Print Name of Authorized Signer