



Mail Drop 91-C
 P. O. Box 105179
 Atlanta, GA 30348-5179
 1.800.456.6432
 770.752.3601 FAX

EXHIBIT C

The following gives the name and full business address for agents or agencies to whom we, the sponsoring company, desire to have the ability to order and receive either/or MVR, C.L.U.E.[®] reports, ChoicePoint Attract[™], Property Loss Score[®] (PLS), Casualty Loss Score[®] (CLS) reports under the terms and conditions of our previously executed Customer Sponsor Agreement. Where indicated, the company will be billed for any products purchased by this agency.

Agency Contact Name: _____

Agency Name: _____

Principal/Agent Name: _____

Agency/Producer Code: _____ Region/Branch Code: _____

Street Address: _____

Suite Number: _____ P.O. Box Number: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

****EMAIL ADDRESS: _____ (To help us provide better customer service)**

Current Node ID: _____ Account Number: _____

Delivery System: ChoicePointLink[®] 3rd Party Vendor Carrier
 Billing: Sponsor Agency Vendor name _____

Sponsoring Company: _____

Authorizing Sponsoring Company Signature: _____

Title: _____

Phone: _____ Fax: _____

NOTE - Delivery of Implementation Package can be expedited by faxing this EXHIBIT C to 770.752.3601.