

Client Data Form

To receive an account number follow these steps:

- 1) Complete all information on this form. ALL APPLICABLE FIELDS ARE REQUIRED. ALL FIELDS MARKED WITH AN ASTERISK MUST BE FILLED OUT.
- 2) Complete the accompanying “Search Request Form” along with your first work order.
- 3) Indicate American Express, Discover, Mastercard or Visa number or forward escrow check for \$300 or cost of first submissions, whichever greater.

Firm Name*: _____ Tax ID*: _____

Business Type: _____ License no.: _____

Last name*: _____ First name*: _____

SS#: _____ Title*: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

E-mail*: _____

Telephone: _____ Fax: _____

American Express, Discover, Mastercard or Visa number:
Credit card#

Please check one. If no boxes checked, your credit card will be charged monthly

- ☐ Charge all invoices to credit card once per month
- ☐ Deduct invoices from my opening cash escrow. I will be billed monthly for additional invoices beyond my escrow balance.

Check enclosed for \$

Expiration date:

/

Security code:

Billing address of credit card if different from the business address: _____

CONTRACT TERMS:

Contract length: _____

Monthly Search Requests: _____

Rate per Completed Profile: _____

Signature: _____

Printed Name: _____

Title: _____

By signing the above you agree that you are authorized to act on behalf of the company.

I have read and understand the following additional billing policies: We shall charge \$25 for all dishonored checks. We shall not make any cash or credit card refunds; all credits will be applied against future submissions. Accounts where payment received more than 60 days past invoice date will incur finance charges of 0.8% per month. Costs of collection, including attorney legal fees, will be added to balance for severely delinquent accounts.