

A Matter of **Fact**
Account Information

Business Name:

Business Address:

Street:

City:

State: Zip:

Phone:

Fax:

Email:

Billing Address (if different from business address):

Street:

City:

State: Zip:

Phone:

Fax:

Email:

Contact(s):

Name:

Address:

Phone:

Fax:

Email:

Name:

Address:

Phone:

Fax:

Email:

Account Type:

Visa M/C

Name on Card _____ Card # _____ Ex. _____

Invoice (Terms: due & payable on receipt). *Please attach a list of at least 3 credit references.*

Business Information:

Please describe your company's business:

Note: Our credit information suppliers do not allow us to provide credit related information to bail bond companies, credit repair agencies, investigative companies (i.e., private investigators), news agencies, attorneys, journalists, or consumers.

Number of full-time employees: _____

Please provide:

*A copy of your business license.

*A copy of your marketing material.

*A voided business check.

*At least one business reference who has been to your business site.

How Did You Hear About Us?

A Matter of **Fact**
Account Information Cont.

Results Delivery Instructions:

Order status and search results are provided on the Internet. A user name and password will be provided once your account has been established. Certain sensitive documents such as Social Security Scans, Credit Reports, and Motor Vehicle Reports are not available for viewing via the Internet. These searches will be sent directly to you with the final report.

Select how you want final reports to be delivered:

Fax results to: (Fax #)_____

Public Fax (please call before faxing)

Confidential Fax (no need to call before faxing)

Mail results to: (Mailing Address)_____

Invoice Instructions:

We invoice weekly.

Show on invoice:

PO #_____

Department # for each order (please provide on each Order Request Form)

Office for each order (please provide on each Order Request Form)

Other: _____

(please provide on each Order Request Form)

Send invoice via:

Email

Mail