

New Client Set-up and Contact Information

Legal Name: _____
Mailing Address: _____

Billing Address: _____

Phone Number: _____
Fax Number: _____
Website: _____

What type of entity is your company?
 Sole Proprietor
 C Corp
 S Corp
 LLC
 Other: _____

Provide your Tax ID number:

How long your company has been in business? _____

Office Manager: _____
Phone Number/Extension: _____
Email: _____

Customer Service Contact(s)

Name: _____
Phone Number/Extension: _____
Email: _____

Name: _____
Phone Number/Extension: _____
Email: _____

Name: _____
Phone Number/Extension: _____
Email: _____

Other important contact information: _____

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How will orders be placed with our office?

- Via fax
- Entered into our website
- Other _____
- Via email
- We need to pull from your website

How would you like results returned?

- Via fax*
- Pulled from our website**
- Other _____
- Entered onto your website
- Email*

*Please provide the fax number or email address to which results should be returned:

**If you choose to pull results from our website, we will notify you via email that you have results ready. To what email address(es) would you like the email notification(s) sent? (Attach additional page if more than 6 are required.)

- 1: _____ 4: _____
- 2: _____ 5: _____
- 3: _____ 6: _____

You will also need a login and password to access our website. Each must be at least 6 characters in length with the password containing at least 1 number. We will try to accommodate your requests (1 through 6 below should correspond with 1 through 6 above).

- 1: Login Request: _____ Password Request: _____
- 2: Login Request: _____ Password Request: _____
- 3: Login Request: _____ Password Request: _____
- 4: Login Request: _____ Password Request: _____
- 5: Login Request: _____ Password Request: _____
- 6: Login Request: _____ Password Request: _____

INTERNAL USE

SL:

CSR:

SYS:

OE:

Rec. Ex.

New Client Billing Information

Invoicing

Monthly invoicing is standard for all companies. However, we require a credit card for all new accounts to secure service. Your credit card will **not** be charged unless your account falls into delinquency, at which point we may charge your credit card for the entire outstanding balance, including any and all applicable fees and/or surcharges.

Credit Card Authorization

By my signature below, I authorize Advanced Background Check, Inc., to process/charge my credit card.

Company Name: _____

Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card Number: _____ Exp. Date: _____

Security Number: _____ (3-4 digit number in the signature block on the back of the card)

Cardholder Name (exactly as listed on card): _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Cardholder Phone: _____

Federal Tax ID Number: _____

Cardholder Signature: _____

Date: _____

Billing Terms: Billed once per calendar month; due net 30.

Accounts Payable Manager: _____

Phone Number/Extension: _____

Email: _____

Please return both pages to Advanced Background Check upon completion.

Receipt of these forms is required to begin service.

To return via fax, please fax to 937-296-9608.