

NEW CLIENT FORM



Account #		You will be emailed with a password. Account numbers and passwords are case sensitive
Backgrounds USA Sales Rep		_____

COMPANY INFORMATION

Company Name				Website		
Primary Contact				Email		
Address Line 1				Primary Phone #		
Address Line 2				Primary Fax #		
City		State (2 letter)		Zip		Country
Business Specialization			Fed ID# or Indiv. SSN			# of Employees
State License #			State of Issue			Years in Business
Located in commercial zone?			Specific purpose for searches			
Principal/Owner Name			Title			Phone #
Principal/Owner Name			Title			Phone #

BILLING INFORMATION: Bill us via corporate credit card (If credit card is chosen, we will call to confirm card details)
 Bill us monthly, terms Net 30 days

Billing Contact				Email		
Address Line 1				Phone #		
Address Line 2				Fax #		
City		State (2 letter)		Zip		Country

Credit Reference Co.				Account #		
Address Line 1				Reference Phone #		
City		State (2 letter)		Zip		Country

Credit Reference Co.				Account #		
Address Line 1				Reference Phone #		
City		State (2 letter)		Zip		Country

Bank/Financial Inst.				Account #		
Branch Contact				Contact Phone #		
Branch Address				Type of Account		
City		State (2 letter)		Zip		Country

INVOICING, STATEMENTS AND REPORTS: (Note: email invoices require Adobe Acrobat Reader to be installed.)

REPORT TYPE(s)

DETAILS

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METHOD	INVOICES	STATEMENTS	REPORTS
Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fax #	
Email Address	

User Authorized Signature	Title	Date