

NEW CLIENT FORM



Account #	You will be emailed with a password. Account numbers and passwords are case sensitive	
Backgrounds USA Sales Rep	Susanne Pilla	spilla@backgroundsusa.com

COMPANY INFORMATION

Company Name	Website	
Primary Contact	Email	
Address Line 1	Primary Phone #	
Address Line 2	Primary Fax #	
City	State (2 letter)	Zip
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

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

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

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

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