

NEW ACCOUNT SET-UP
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SECURITY CONSULTANTS, INC
YOUR MAN IN WASHINGTON!
SCI@DCBACKGROUND.NET

NEW ACCOUNT SET-UP

THANK YOU FOR CHOOSING OUR RESEARCH SERVICE. PLEASE TAKE A MOMENT TO FILL OUT THIS FORM SO THAT WE MAY CORRECTLY SET UP YOUR ACCOUNT IN ORDER TO BEST SERVE YOU.

COMPANY NAME _____ CONTACT _____

DBA: _____

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PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ / _____ FAX _____ / _____ EMAIL _____

NAME OF ACCOUNTS PAYABLE CONTACT _____ #/EXT _____ EMAIL _____

SOLE PROPRIETOR _____ LLC _____ PARTNERSHIP _____ CORPORATION _____ INCORPORATED WITHIN LAST 12 MONTHS? _____

FEDERAL TAX ID OR SSN _____ STATE LICENSE or ID# (IF APPLICABLE) _____

IN BUSINESS SINCE _____ MEMBERSHIP IN NAPBS? _____

HAVE THE COMPANY OR AFFILIATES OR ANY THEIR OFFICERS EVER FILED BANKRUPTCY? NO _____ YES _____
IF YES, PLEASE ATTACH DETAILS.

REFERENCES IN THE INDUSTRY

1. COMPANY: _____ TELEPHONE: _____ / _____ CONTACT: _____

ADDRESS: _____ ZIP _____

2. COMPANY: _____ TELEPHONE: _____ / _____ CONTACT: _____

ADDRESS: _____ ZIP _____

Court Fees

Some courts we cover impose occasional court fees, which are outlined in the Court Fees section under the Frequently Asked Questions Link. These court fees are reimbursable by the client.

TERMS OF ACCEPTANCE

Customer hereby warrants that the representations herein made are true and correct and that they are made for the purpose of inducing this company to extend credit to the undersigned. Terms of payment are 30 days net. In the event invoices are not paid when due or, unless other arrangements are made, interest shall accrue on the unpaid balance at the rate of 1 ½% per month on the declining balance. Should legal action be required to enforce payment of any amounts due, customer agrees to pay reasonable attorney fees allowed by law. Customer agrees to pay appropriate charges if referred to third party. Non-payments are reported to credit reference agencies. I certify that the above information is true and correct, and that I will comply with your terms. I hereby authorize you or your agent to investigate the references or data furnished by me or by any other person regarding my credit responsibility if this application is accepted.

PRINT NAME _____

AUTHORIZED SIGNATURE _____ DATE _____