

APPLICATION FOR SCREENING SERVICES

CONTACT INFORMATION

Name of Business			Telephone Number ()	
Physical Address of Business (PO Box and Private Mail Box are NOT acceptable)			Fax Number ()	
City	State	Zip	Web Site Address	
Mailing Address , if different			E-Mail Address	
City	State	Zip	FEIN (or SSN if Sole Proprietorship)	
Primary Purpose of Business:		In Business Since:	Number of Employees:	Is Business Home-Based?
Heard About Us From: (Please specify)				

We are required to verify all applicants. The information submitted on this application will be used to determine eligibility for accessing information provided by DataTrace Online, Inc. and must be supplied in its entirety.

BUSINESS IDENTITY VERIFICATION

Please check the box that best describes the legal type of your business.

- Corporation
 LLC
 LLP
 General Partnership
 Sole Proprietorship

PAYMENT INFORMATION

Requested Method of Payment

- Credit Card Net/15:** Automatically debit our credit card as authorized on the following page for our purchases as invoiced.
 Net/15 invoicing: Please invoice us. (A bank reference and credit card information are required to establish a Net/15 account.)
 Prepayment by Credit Card at time of ordering

A bank reference must be provided if requesting a net/15 Invoice account

Bank Name _____

Bank Address _____

Telephone Number () _____ Fax Number () _____

Type and Account Number _____

I authorize DataTrace as part of our application for services to verify credit information, business references and a bank reference.

Signature

Printed Name & Title

Date

FAX THIS TO: 801-253-2478

DataTrace Screening Services
A Division of DataTrace Online, Inc.
P.O. Box 95322, South Jordan, UT 84095
Telephone: (801) 253-2400 FAX: (801) 253-2478
www.datatraceonline.com

Payment Authorization

Please provide your credit card information on this form. All authorized charges will be charged to the credit card account provided below.

Credit Card/Check Card Number	Expiration Date		
	Month	Day	Year

THIS CARD IS A: VISA MASTERCARD AMX DISCOVER

Security Code on back of card _____

EXACT NAME LISTED ON THE CARD: _____

EXACT ADDRESS ON ACCOUNT: _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE # ON ACCOUNT: _____

Please check one of the boxes below:

- Net/15 Billing** - I authorize DataTrace Online, Inc. to bill the above listed credit card for all usage charges as made and invoiced on the 1st and 15th day of each month.

- Pay Per Search** - I hereby authorize DataTrace to bill the above listed credit card for each search transaction requested.

- Account Payment Back-up** – Client authorizes DataTrace to bill to their credit card for any past due balances incurred on the account. Must be checked for all net 15 invoiced clients.

I authorized DataTrace at it's discretion to charge the above credit card for any balance due on my account that is more than 30 days past due. I also authorize DataTrace Online, Inc. to charge my credit card as per the above instructions. Charges will appear on your statement as paid to DataTrace Online, Inc.

Authorized Signature: _____

Printed Name: _____

Date: _____

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