

FILE FINDERS

Subscriber Information

REQUESTER CODE
(To Be given by File Finders upon application approval)

• Please return the completed form to 619-482-8042.
• Do not exclude any requested information. Thank you.

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

Company Name: _____

DBA: _____

Business Specialization: _____ Years in Business: _____

Physical Address: _____ City _____ State _____ Zip _____

Mailing Address: _____

Telephone: _____ Fax: _____ Web: _____

Alt. Telephone: _____ Alt. Fax: _____ Email: _____

Main Contacts:

Name: _____ #/ Ext: _____ Email: _____

Name: _____ #/ Ext: _____ Email: _____

Name: _____ #/ Ext: _____ Email: _____

Principal(s) of Company:

Name _____ Title _____ Phone _____ Email _____

Name _____ Title _____ Phone _____ Email _____

Name _____ Title _____ Phone _____ Email _____

Type of Business: Sole Proprietor Partnership Corporation/ State of _____

Federal Tax ID# _____

Accounts Payable Contacts:

Name: _____ #/ Ext: _____ Email: _____

Alt. Name: _____ #/ Ext: _____ Email: _____

Business Trade References: Please provide name and phone of at least three other public record research and retrieval professionals that would be willing to provide a payment and business reference. The contacts listed will be contacted solely for verification of timely payment history and reference.

NAME OF REFERENCE	EMAIL ADDRESS	AND/OR	PHONE NUMBER
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

Return Results by: Court Connect™ Web to: _____ Fax to: _____
 Other (specify): _____

Invoice and Billing:

Itemized statements will be available online via Court Connect™. Billing statements will be emailed, faxed or mailed. What is your preferred method of delivery for statements? Email Fax Mail

Prescreened Names: We respectfully request that any prescreened or pre-indexed search requests submitted to us: 1) Are clearly marked as such, that we may distinguish them from regular search requests and bill them at the appropriate rate; 2) Include case numbers found by the prescreening or pre-indexing.

Do you foresee submitting search requests that have been prescreened in any way (excluding periodic "test" names or records the subject has admitted to): No Yes

If Yes, please explain: _____

I (we) certify that the above information is true and correct, and that I (we) hereby authorize you or your agent to investigate the references or other data furnished by me or by any other person regarding my credit responsibility if this application is accepted.

Accepted for: _____
Company Name

Accepted for: File Finders

SIGNED

SIGNED

PRINT NAME & TITLE

PRINT NAME & TITLE

DATE: _____

DATE: _____

This section for File Finders use only:

Company information verified by: _____ Date Verified: _____

Banking Information:

Bank Name: _____

Address: _____

Phone: _____ - _____ Contact Name: _____

Account Type: _____ Account Number: _____