

Introspect Investigations USA, Inc.  
752A Hempstead Tpk, Suite 205  
Franklin Square, NY 11010  
1-800-847-7177

## New Customer Account Application Form—Business

Amount of credit applied for: \$ \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_

Firm name: \_\_\_\_\_ Fed. I.D.# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Tax Exempt #: \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL. ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

In business since \_\_\_\_\_  Corporation  Partnership  Proprietorship  LLC  Incorporated within last 12 mos.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

### Finance References:

1. Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

2. Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

### Credit/Commercial References in the Industry:

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

### 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 Net 30 days. In the event invoices are not paid when due, interest shall accrue on the unpaid balance at the rate of 1 1/2% 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. Our company reports non-payment to (TransUnion) Credit Bureau.

I (we) certify that the above information is true and correct, and that I (we) can and will comply with your terms. 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.

1. Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

2. Print name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_