

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

New Customer Account Application Form - Individual

Amount of credit applied for: \$ _____ Date: _____ 20__

Name: _____ Fed. I.D.#/SS#: _____

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: _____