



Background Investigations

**SUBSCRIBER APPLICATION**

**BUSINESS INFORMATION**

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State / Providence: \_\_\_\_\_ Country: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

**Primary User Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Additional User Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Additional User Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Billing Contact Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing PO #:** \_\_\_\_\_

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**FINANCIAL INFORMATION**

A Dun and Bradstreet Report will be run on your company to determine credit authorization.  
**If you don't have a D&B listing, please provide the following:**

**Bank Information**

Bank Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trade Information** (Please include 2 business references who can verify payment history)

1) Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

2) Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

**Business Type:**     Corporation         Partnership         Sole Proprietor

**Credit Card Backup Payment:**

Name as it appears on Credit Card: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State / Providence: \_\_\_\_\_ Country: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Credit Card type:     Master Card         VISA         American Express

Subscriber of this Application hereby authorizes PreTrax, Inc. to:

- 1) Verify and check all information and references on this Application; and
- 2) To charge the above referenced credit card for unpaid invoices over 45 days past due.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_