

# SOURCE RESOURCES SIGN-UP FORM

Sign-up is limited to Law Enforcement, Attorneys, The Insurance Industry, Investigators and Business

24 Hour Toll Free Order line: 800-678-8774 / Toll Free Fax line: 800-537-3297

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

Your Name: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

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

Physical address: \_\_\_\_\_

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

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

**Special Note:** See our catalog for details about our Diamond Discount Plan or call 800-678-8774 for details. Please indicate with an "X" which type of payment option you wish to sign-up with. The Diamond Discount Plan REQUIRES a non-refundable retainer. \_\_\_\_\_ Diamond Account or \_\_\_\_\_ General Account

**Please indicate your method of payment: (WE DO NOT ALLOW OPEN BILLING) Pre-payment is required!**

\_\_\_\_\_ Company Check / Money Order Sent with each order. (NOTE: \$25.00 service fee on returned checks)

\_\_\_\_\_ Establish Retainer by Mailing Funds or Check by Fax \$ \_\_\_\_\_

\_\_\_\_\_ Credit Card (We accept American Express, Diners Club, Discover, Master Card, and Visa)

*The Credit Card below must be a Corporate or Company Card or the Card of the Owner, or Officer of the above Company or Corporation.*

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CardHolder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Exactly as it appears on Card)

Cardholder's Address: \_\_\_\_\_

(Where the Monthly Statement is sent)

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

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(You must sign LEGIBLY!!!)

I understand that I am placing an order or orders for a search of an electronic or mechanical database through a fallible source and assume full responsibility for inaccurate or incomplete identifying information submitted or results received. I agree that Source Resources is held harmless for errors or omissions, and cannot guarantee the accuracy or completeness of reports for the fee or fees charged. I understand that requests may not be canceled. I certify that all requests are submitted in accordance with FCRA, GLB, DPPA and all other Federal, State, or Local laws that may apply. I authorize the bank or company that issued my credit card to accept this order and future orders with the same authority as if my original signature and card imprint appeared. I also agree that neither SOURCE RESOURCES nor its personnel are responsible for the misinterpretation of Handwritten Orders. I also understand that prices and availability are subject to change without notice, and that turnaround times are estimated and not guaranteed. I also agree to receive E-Mail and Faxed notification of new and /or special discounts.

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

**(You must sign LEGIBLY & You MUST include a copy of your Business License)**