



# OPENonline Customer Application

**To ensure there is no delay** in the processing of your application, please add the domain of OPENonline.com to your spam filter. This will guarantee that you will receive our emails. **Please also note** that all fields are required unless otherwise noted.

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

DBA \_\_\_\_\_

Acct. Administrator \_\_\_\_\_

Title \_\_\_\_\_

Tax ID # \_\_\_\_\_

Years in Business \_\_\_\_\_

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

City, ST, Zip \_\_\_\_\_

Billing Address  Same \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Business Phone (     )                      Fax #: (     )

E-Mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Customer Code \_\_\_\_\_

The information submitted on this application will be used to determine eligibility for accessing information on the OPENonline Service. OPENonline reserves the right to reject this application without recourse on the part of the company or any individual listed below.

By completing and signing this application you, on behalf of yourself and/or your company (the "Customer"), are entering into an agreement, subject to eligibility, with OPENonline for services (the "Agreement"). The Agreement consists of this OPENonline Customer Application as well as the OPENonline TERMS OF SERVICE AGREEMENT (which can be viewed at [www.openonline.com](http://www.openonline.com)) which is incorporated herein. You may be contacted by an OPENonline representative for additional information that may be required to process this application. You further understand you will be charged applicable set up fees upon acceptance and approval by OPENonline.

### Business Entity

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Corporation     | <input type="checkbox"/> LLC        | <input type="checkbox"/> Government/Law Enforcement |
| <input type="checkbox"/> Partnership     | <input type="checkbox"/> Non-Profit |   |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> LLP        |   |

### Type of Business

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agriculture/Forestry         | <input type="checkbox"/> Hotel/Motel                   | <input type="checkbox"/> Retail             |
| <input type="checkbox"/> Banking/Financial            | <input type="checkbox"/> Insurance                     | <input type="checkbox"/> Security           |
| <input type="checkbox"/> Collection Agency            | <input type="checkbox"/> Legal                         | <input type="checkbox"/> Services           |
| <input type="checkbox"/> Child Care                   | <input type="checkbox"/> Manufacturing                 | <input type="checkbox"/> Staffing/Placement |
| <input type="checkbox"/> Consulting Services          | <input type="checkbox"/> Media Outlet/Radio, Tv, Paper | <input type="checkbox"/> Transportation     |
| <input type="checkbox"/> Construction                 | <input type="checkbox"/> Nursing Homes                 | <input type="checkbox"/> Unions             |
| <input type="checkbox"/> Distribution                 | <input type="checkbox"/> Non-Profit/Religious          | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Investigators                 |   |
| <input type="checkbox"/> Employment Screening Company | <input type="checkbox"/> Property Management           |   |
| <input type="checkbox"/> Government                   | <input type="checkbox"/> Political                     |   |
| <input type="checkbox"/> Health Care                  | <input type="checkbox"/> Real Estate                   |   |

**Business Entity**

- Less than 20                       100 - 249                       1,000 - 4,999
- 20 - 49                               250 - 499                       5,000 - 9,999
- 50 - 99                                 500 - 999                       Over 10,000

**Primary Purpose for Using OPENonline**

- Business (FCRA)                       Court Order (FCRA)                       Fraud Detection/Prev. (Non-FCRA)
- Collection (FCRA)                       Consumer (FCRA)                       Civil/Criminal Invest. (Non-FCRA)
- Employment (FCRA)                       Credit (FCRA)                       Other (Non-FCRA)
- Insurance (FCRA)                       Child Support Enforce. (FCRA)
- Government License (FCRA)                       Law Enforcement (Non-FCRA)

**Reseller of Consumer Reports**

Is the applicant a Reseller of Consumer Reports as defined under Section 604 of the Fair Credit Reporting Act (i.e., does your company obtain information for resale for any of the uses described in 604 of the FCRA including, but not limited to, employment, housing, consumer credit, or consumer insurance)?

- Yes**     **No.** Applicant is the end user of all information or applicant does not obtain any information for resale subject to permissible purpose under the Fair Credit Reporting Act Section 604.

**Billing Options**

- Charge CC Monthly                       Monthly Billing

**Company Credit Card Information** (only complete if "Charge CC Monthly" was checked as Billing Option)

CC Type (Check One)     **Visa**     **MC**     **AMEX**

Cardholder Name

Card #

Billing Address      Same

City, ST, Zip

Card Verification Value (CVV) Code:  
**Visa/MC** (3 digits on back of card)   
**AMEX** (4 digits on back of card)

Expiration Date

Address 2

I hereby authorize OPENonline to verify my billing address and credit card status with the card issuer, and, authorize OPENonline to charge my credit card for fees associated with my usage of OPENonline services. The agreement will continue in effect as long as I remain a subscriber to OPENonline services. I further warrant that all of the information provided herein is complete and accurate.

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

**Bank Reference** (required for all accounts)

Bank Name     Name of Contact

Account #     Phone #

**Credit Reference** (2 Credit References required for all accounts)

Reference (1)	<input type="text"/>	Name of Contact	<input type="text"/>
Account #	<input type="text"/>	Phone #	(    )
Reference (2)	<input type="text"/>	Name of Contact	<input type="text"/>
Account #	<input type="text"/>	Phone #	(    )

**User Information**

OPENonline requires that each person accessing the service have their own user ID and password. Sharing ID's is strictly prohibited. Please enter the names and email addresses of all individuals requiring a user ID in the fields below. If there are not enough spaces, you can fax additional ID requests to 614-481-6980: Attention: Compliance.

	First Name	MI	Last Name	E-mail Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**How did you hear about us?** (Optional)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Client Referral        | <input type="checkbox"/> E-mail         | <input type="checkbox"/> Direct Mail |
| <input type="checkbox"/> Fax                    | <input type="checkbox"/> Trade Show     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Magazine Advertisement | <input type="checkbox"/> Telephone Call |                                      |

**Customer Authorization**

Company Authorized Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_