ACCOUNT SETUP APPLICATION

BACKGROUND SCREENING – compliance@2cbss.com

Company Information

Legal Name: _____

dba: _____

Physical Address: _____

_____

Mailing Address: _____

_____

Billing Address: _____

_____

Phone Number: _____ Fax Number: _____

Website: _____

Field of business: _____ Years in business: _____

Type of entity: ☐ Sole Proprietor ☐ C Corp ☐ S Corp ☐ LLC ☐ Other: _____

Tax ID Number: _____ State of Incorporation: _____

Contact Information

Senior Executive Contact: _____ Title: _____

Phone: _____

Email Address: _____

Primary Account Contact: _____ Title: _____

Phone: _____

Email Address: _____

Billing Contact: _____ Title: _____

Phone: _____

Email Address: _____