



## AllStar Backgrounds New Account Application

Organization Information		
<b>Name</b>		
<b>Physical Address</b>	Street	Suite
	City	State, Zip Code
	Phone	Fax
<b>Federal EIN Number</b>		
<b>Website Address</b>		
<b>Primary Contact</b> (main account user)	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email

Additional User Information Attached\*

NOTE: Please check the box above and attach additional user information form to application.

Billing Information		
Contact Name		
Billing Address	Street	Suite
	City	State, Zip Code
	Phone	Fax

Payment Information			
Major Credit Card	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> Discover		
	Card Number	Expiration	CVV
Billing Address	Street	Suite	
	City	State, Zip Code	
	Phone	Fax	
AllStar Credit Terms	<input type="checkbox"/> Net 15 (30 days evaluation) <input type="checkbox"/> Net 30 (60 day evaluation)		Credit Terms are applicable only if anticipated monthly billing is determined to exceed \$500 monthly. Credit terms are granted after 30 and 90 day evaluations.

Authorization		
Print Name	Signature	Date

<b>Additional Users</b>		
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email
<b>Additional User</b>	First	Last
	Title	Email