



THE FACET GROUP

ACCOUNT SETUP APPLICATION

BACKGROUND SCREENING

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:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> 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:	_____		