

## Account Application

Thank you for your interest in Certified Report Services. Please fill out the form and fax your completed application to 800.285.8391 and a representative will contact you.

### Personal or Company Information

Full Name:     
First Middle Last

Job Title:  Company Name:

Telephone Number:  Fax Number:

Cell Number:

License Number:  Licensing State:

(If Investigator, Insurance Agent or Adjuster)

Company Address:

Address Line 2:

City:  State:  Zip Code:  Country:

**If you do not work at the company office listed above, please include your office location:**

Company Address:

Address Line 2:

City:  State:  Zip Code:  Country:

Supervisor / Claims Manager:  Telephone:

How do you prefer to receive your reports?

View and Print from the Internet

Email Address:

Have them faxed to me

Fax # for receiving reports:

## Billing Information

### Credit Card

Visa

MasterCard

American Express

Credit Card Number:

Expiration Date:

Name on Card:

Address Credit Card is billed to:

City:

State:

Zip Code:

Country:

Telephone Number:

Fax Number:

---

### Bank Information

Bank Name:

Phone #

Street Address:

City:

State:

Zip:

Acct Number:

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### References

Trade:

Account:

Phone:

Trade:

Account:

Phone:

Trade:

Account:

Phone: