

Credit Bureau Data, Inc. New Client Intake Form

Client Name: _____

Corp. Name: _____

Physical Address: _____

(City)

(State)

(Zip)

Mailing Address: _____

(City)

(State)

(Zip)

Ph# _____ Cell # _____ Fax # _____

Contact Name: _____ Owner Name: _____

Email: _____ Website: _____

Type of Business: _____ # of Years in Business: _____ Incorporated? _____

Are there multiple locations? Yes No Yes No

Have you used a collection agency in the past? Yes No

Name of previous collection agency: _____

Type of Accounts: _____

Volume of Accounts: _____ Average Size of Account: \$ _____

Listing Format: ___ Mail/Fax ___ Electronic File ___ CBD Website

For Check Services only

Volume of Checks: _____ Average Check Amount: \$ _____

of Check Signs Needed: _____ Bank Fee: \$ _____

Check Charge: \$ _____ # of Times Check Presented: _____

Notes/Special Instructions:

Referred By _____

Date ____/____/____