

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_