

NEW CLIENT SET UP FORM

To get you set up correctly in our computer system, please fill out this form and return to Hons Investigations.

Company Name: _____

Physical Address: _____
City State Zip

Mailing Address: _____
City State Zip

<p align="center">Please Complete this section about the person in charge of receiving and paying invoices.</p> <p>Person Bills should be sent to: _____</p> <p>Email Address: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p> <p align="center">Please Complete this section on persons authorized to order background checks.</p> <p>Names of Individual(s) Authorized to Order Checks: _____</p> <p>Email Address: _____</p> <p>Telephone Number: _____</p> <p>Fax Number: _____</p>

Email address(s) to send reports to: _____

Additional Comments: _____

