

All information must be completed and signed by an authorized agent, principal or officer of the company

ACCOUNT ID

Product Access: MVRs Y N
 Credit Reports Y N
 Drug Screening Y N

Account Updates

*** Box 1 MUST be filled out completely. FED TAX IDs ARE REQUIRED FOR BOXES 1 & 2.
 Insert N/A for fields intentionally left blank ***

Box 1	Change information on my account FROM the following <i>(Please complete with previous information):</i>
Company Name: _____	Phone: _____
Physical Address: _____	Fax: _____
Billing Address: _____	Email: _____
City: _____ State: _____	Zip: _____
Primary Contact: _____	Federal Tax ID: _____

Box 2	Change information on my account TO the following <i>(If your company is changing the business name or Tax ID# on your IntelliCorp account, please include a current business license or tax return showing the new name):</i>
Company Name: _____	Phone: _____
Physical Address: _____	Fax: _____
Billing Address: _____	Email: _____
City: _____ State: _____	Zip: _____
Primary Contact: _____	Federal Tax ID: _____
Primary Contact Email Address (If New): _____	
New Login Needed for Contact Yes: <input type="checkbox"/> No: <input type="checkbox"/> Has Ownership Changed: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Note: If there is a change in any information on your IntelliCorp account (business name, address, phone number, e-mail address, etc.) AND you have access to MVRs, Drug Screening, or CREDIT REPORTS, new service agreements and/or additional steps may be needed.

**FORM MUST BE COMPLETED, SIGNED AND DATED
 REPLY OR RETURN VIA EMAIL OR FAX TO**

Billing Updates

IntelliCorp Account ID: _____

NEW Billing Contact Name: _____ *NEW* Billing Telephone #: _____

NEW Billing Address: _____

NEW Billing Email: _____ *NEW* Login Needed for Billing Contact? Yes: No:

Is login only to view and pay invoices? Yes: No: OR Will login be used to submit/view searches? Yes: No:

Website Access

Add Users:
Please list new users requiring access to your account via the IntelliCorp web-site for submitting and viewing searches. Each authorized person will be assigned a unique User ID and Password. For security purposes, User ID's and Passwords are confidential and should not be shared.

Name: _____ Telephone #: _____

E-mail Address: _____ Administrator Access: Yes: No:

Name: _____ Telephone #: _____

E-mail Address: _____ Administrator Access: Yes: No:

Name: _____ Telephone #: _____

E-mail Address: _____ Administrator Access: Yes: No:

Disable Users:

X _____
Signature of Owner/Officer or Legally Authorized Representatives

You are signing this document electronically and consenting to the legally binding terms and conditions. You acknowledge and agree that your electronic signature is the legal equivalent to your handwritten signature for the purposes of validity, enforceability and admissibility.

Date: Title: _____