

**SERVICE AGREEMENT
APPLICATION
BUSINESS ACCOUNT**

SERVICE AGREEMENT:

Management Information Services Inc., 17105 Grovewood, Cleveland, Ohio 44110, HEREAFTER referred to as "**VENDOR**", agrees to offer database searches on a per request basis to the "**REQUESTER**" listed below.

TERMS:

The "**VENDOR**" agrees to provide search services as requested. "**VENDOR**" agrees to perform data base searches in a legal and legitimate manner, and to deliver search results in a timely fashion to the "**REQUESTER**" at location desired.

"REQUESTER" COST:

"**REQUESTER**" agrees to pay for all ordered searches. A search resulting in "no record found" may or may not result in a reduced fee. "**REQUESTER**" is responsible for providing "**VENDOR**" with accurate input information to perform a successful search; as well as an accurate and operational fax number, e-mail address and/or mailing address to return report information.

REPORT COSTS:

The "**VENDOR**" agrees to disclose costs for data requested prior to any data search and to inform "**REQUESTER**", whenever possible, of any additional cost that may occur for a search before proceeding with that search.

"REQUESTER"/CUSTOMER agrees to the following usage requirements:

1. **REQUESTER** has a legitimate business purpose with the person who is the subject of this report.
2. **REQUESTER** will use the information provided only for legal and acceptable purposes.
3. **REQUESTER** agrees to abide by the applicable Federal and State laws including but not limited to, The Fair Credit Reporting Acts, and The Equal Credit Opportunity Act.
4. **REQUESTER** agrees to and certifies that they are the "end user" of the information; that the information provided is a "Consumer Report" and that Management Information Services is acting as a "Consumer Reporting Agency" as defined by the Fair Credit Reporting Act.
5. **REQUESTER** agrees to maintain security procedures, which will ensure the privacy and confidentiality of the information received from **VENDOR**.
6. **REQUESTER** agrees to hold **VENDOR**, Management Information Services, harmless for any misuse of the information received and understand that **VENDOR** will not assume any responsibility or liability for the accuracy of the data, since **VENDOR** does not own or control the information.
7. **REQUESTER** understands that failure to abide by these requirements may result in action being taken by law enforcement agencies.

LIABILITY:

The "**VENDOR**" is not liable in any way for any loss or injury resulting from the furnishing of such information and does not guarantee its accuracy. Information is obtained from sources deemed reliable and who maintain reasonable procedures to assure maximum possible accuracy as required in the Fair Credit Reporting Act.

INDEMNIFICATION:

The **REQUESTER** shall indemnify, defend and hold the **VENDOR**, **VENDORS** agents and assign's, and **EQUIFAX INFORMATION SERVICES LLC** harmless from and against any and all costs and liability.

By submitting your request, you agree to all terms and conditions contained in the agreement.

APPLICATION FOR MEMBERSHIP

Account to be set up in the following name:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ E-mail address: _____
Contact name: _____ Title: _____
Type of business: _____

Customer Agrees:

Customer agrees to utilize this information for their own use in a legal and legitimate manner, and further agrees to hold VENDOR, Management Information Services, harmless for any misuse of the information received. Management Information Services will not assume any responsibility for the accuracy of the data, since Management Information Services does not own or control the information. Customer agrees to abide by all applicable Federal and state laws and regulations concerning the use of all information received by customer including The Fair Credit Reporting Acts and the Equal Credit Opportunity Act.

Customer also agrees:

- To pay fees in full upon receipt of monthly statements.
- To pay 1.5% monthly interest on all fees that are 30 or more days past due.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

(Please sign and date then return to Management Information Services. By signing the above, you agree that you have reviewed, understand, and agree to the attached Service Agreement.)

**MANAGEMENT INFORMATION SERVICES INC
17105 Grovewood Ave
Cleveland Ohio 44110
P 216-383-8440
F 216-383-8441
Toll free: 1-866-647-3463
Hours of Operation: 9am to 5pm EST Weekdays**

IF YOUR ACCOUNT REQUIRES ACCESS TO CREDIT REPORTS, PLEASE ATTACH THE FOLLOWING ALONG WITH YOUR APPLICATION.

1. A copy of the current lease of the business* to confirm business address. Only the following pages are necessary for verification: signature page; the address page; terms of lease page; landlord name; and landlord contact information.
2. A copy of the principal's current driver's license * If the principal is:
 - a. The owner of a sole proprietorship, or
 - b. A partner in a partnership, or
 - c. An officer in a corporation if the corporation has been in business less than one year.
3. A copy of the business license. Valid substitutions for a business license when none is required by the state:
 - a. copy of the Articles of Incorporation, or
 - b. copy of the Articles of Partnership, or
 - c. copy of the Federal Tax ID Certificate, or
 - d. copy of the State Tax ID Certificate

* A copy of the driver's license, or a copy of the business lease is not required for publicly traded companies on a nationally recognized stock exchange.

AN ON SITE INSPECTION WILL BE COMPLETED BY OUR CERTIFIED INSPECTION COMPANY.
If your volume is less than 10 orders per month there is a \$65.00 one time set up fee.

Application for Credit

The undersigned company is applying for credit with Management Information Services Inc. and agrees to abide by the standard terms and conditions of Management Information Services Inc. as printed below.

Company Name: _____

DBA (if different): _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Fax: _____

Federal Tax ID number or Social Security Number: _____

Type of Business: _____ No. of Employees: _____

Date Business Established: _____

Types of Products You Will Purchase: _____

Amount of Credit Requested: _____

Are you a

Corporation

State of Incorporation: _____

Names, Titles and Addresses of your three chief corporate officers: _____

Name and address of your resident agent:

Partnership

Names and Address of partners: _____

Sole Proprietorship

Have you ever had credit with us before?

Yes No

If yes, under what name? _____

Authorized Purchasers: _____

Trade References:

Reference #1 Name: _____

Address: _____

Ph: _____

Reference #2 Name: _____

Address: _____

Ph: _____

Reference #3 Name: _____

Address: _____

Ph: _____

Bank References

Bank #1 Account # _____

Ph: _____

Contact Person: _____

Name of Bank: _____

Address: _____

Bank #2 Account # _____

Ph: _____

Contact Person: _____

Name of Bank: _____

Address: _____

I represent that the above information is true and is given to induce Management Information Services Inc. to extend credit to the applicant. My company and I authorize Management Information Services to make such credit investigation as Management Information Services sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Management Information Services any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

Management Information Services
RELEASE OF LIABILITY

I, _____, Date of Birth ____/____/____ ,

Social Security Number _____, do hereby authorize Management Information Services, of Cleveland, Ohio, to conduct a background investigation into the following areas of my personal and employment history: current and previous employment, education, credit, driving records, criminal and civil records, professional licensing, and general character including honesty.

My drivers license number is _____ and was issued by the state of _____.

Sex: ()Male ()Female

ADDRESS INFORMATION:

Current address: _____

Length at current address: _____(If less than 7 years please provide previous addresses)

Previous address (1): _____

Previous address(2): _____

Length at previous address(1): _____ , Length at previous address(2): _____.

PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

AUTHORIZATION & RELEASE:

I hereby authorize Management Information Services, of Cleveland, Ohio, to conduct a background investigation into my Personal Credit History. I release, and permanently hold harmless, **Management Information Services**, their agents and assigns, and **EQUIFAX INFORMATION SERVICES LLC**, and the **REQUESTER** and their agents and assigns, from any and all demands and or liabilities that may originate from these investigations., I hereby authorize that a photocopy or electronic facsimile of this document shall serve as an original. If a notarized copy of this document is required for any background check, the notarized copy will be provided.

Applicant Signature: _____ Date: _____

Please fax to **Management Information Services** at (216) 383-8441
Toll Free phone: 1-866-647-3463 Hours of Operation: Weekdays 9am to 5pm EST