

ACCOUNT APPLICATION

Company Information

Legal Name:	_____
dba:	_____
Physical Address:	_____ _____
Mailing Address:	_____ _____
Billing Address:	_____ _____
Phone Number:	_____
Fax Number:	_____
Website:	_____
Field of business:	_____
Years in business:	_____
Type of entity:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____
Tax ID Number:	_____
State of Incorporation:	_____

Contact Information

Senior Executive Contact:	_____	Title:	_____
Phone:	_____		
Email Address:	_____		
Primary Account Contact:	_____	Title:	_____
Phone:	_____		
Email Address:	_____		
Billing Contact:	_____	Title:	_____
Phone:	_____		
Email Address:	_____		

AUTHORIZED USERS

ONLINE ASSESSMENTS

Authorized User Information

Please list all persons who will have the authority to receive assessment results via email or discuss results with our staff.

Also, indicate any restrictions, such as:

- limit reporting to their referrals/divisions only
- may refer for testing, but may not receive oral reports

Name: _____ Title: _____

Email: _____ Phone _____ Fax _____

Location: _____

Restrictions: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Location: _____

Restrictions: _____

Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____

Location: _____

Restrictions: _____

Comments: _____

❖ *Need multiple accounts?* If you have multiple locations that must be billed separately, contact us and we can accommodate master and secondary accounts. These accounts can be designed to allow your corporate HR department access to all reports, but restrict other locations to only their own reports.