

PO Box 154 West Hurley, New York 12491  
800-444-6782 Fax 845-331-0829  
www.recoursa.com customerservice@recoursa.com

**To receive a Recoursa® account number, please follow these steps:**

1. Complete all information on this form. **All applicable fields are required. We cannot process an application without a valid e-mail address.**
2. Complete the *Search Request Form* or *DMV Search Request Form* along with your first work order.
3. You may pay by credit card (American Express, Visa, Discover, or Mastercard) or you may forward an escrow check for \$300 — or the cost of your first submissions — whichever is greater.

NOTE: You can also register online at [recoursa.com](http://recoursa.com)

### CLIENT DATA

Firm name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Business type: \_\_\_\_\_ License no: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SS: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Please check one:

Charge all invoices to my credit card once per month.

AmEx

Discover

MC

Visa

CCV code \_\_\_\_\_

Account number: \_\_\_\_\_ Exp. date: \_\_\_\_\_ / \_\_\_\_\_

Deduct invoices from my opening cash escrow account. I will be billed monthly for additional invoices beyond my escrow balance. Check enclosed for \$ \_\_\_\_\_ (Minimum \$300 to open an account).

If no box checked, your credit card will be charged monthly. Certain searches are pre-paid and will be charged prior to invoice date. (See Recoursa Services 2010 brochure for details.)

I have read and understand the following additional billing policies:

Recoursa shall charge \$25 for all dishonored checks. Recoursa shall not make any cash or credit card refunds; all credits will be applied against future submissions. Where payment is received more than 30 days past invoice date, account will incur finance charges of 1.5% per month. Costs of collection, including attorney legal fees, will be added to balance for severely delinquent accounts.

Signature: \_\_\_\_\_

# Recoursa®

## SEARCH REQUEST FORM

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NOTE: Search requests can also be submitted online at [www.recoursa.com](http://www.recoursa.com)

Account number:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Your billing reference \_\_\_\_\_

### SUBJECT DATA

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_

Business name or subject employer: \_\_\_\_\_ Dept. or position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal tax ID # \_\_\_\_\_ Additional phone numbers: \_\_\_\_\_

### PURPOSE OF SEARCH

(You must check one)

- Debt collection
- Judgment collection
- Authorized matrimonial investigation
- Child support collection
- Court order or subpoena
- Authorized estate investigation
- Authorized employment Background
- As a potential investor or servicer; or current insurer, in connection with a valuation of, or an assessment of the credit or prepayment risks associated with, an existing credit obligation
- Credit transaction involving extension of credit to the consumer or review or collection of an account
- Determination of the consumer's eligibility for a license or other benefit granted by a government instrumentality required by law to consider an applicant's financial responsibility or status
- By written permission of the consumer to whom it relates
- Underwriting of insurance involving the consumer
- Legitimate business need for the information in connection with a business transaction that is initiated by the consumer or to review an account to determine whether the consumer continues to meet the terms of the account

### SEARCH REQUESTED *Please complete one form for each search requested.*

**This is a priority request** (S1, S2, S3, X, V, I, M — add \$100)

#### Financial Searches

- (S1) Complete Bank Search by State
- (S2) Complete Bank Search, Multiple States
- (S3) Nationwide Bank Search
- (X) Complete Asset Investigation
- (V) Mutual Funds & Major Brokerages
- (J2) Account Update

#### Background Searches

- (I) Subject Locate
- (I2) Subject Locate Extended\*
- (M) Complete Background Search
- (P1) Criminal Abstract by County
- (P2) Criminal Abstract by State
- (R) Social Security/DOB Locate\*
- (T1) Complete Adverse Filings State
- (T2) Complete Adverse Filings Nationwide

#### Real Property

- (K1) Real Property by Name and Social Security Number
- (K2) Real Property by Address\*
- (K3) Real Property Sale Alert

#### Litigation Support

- (H1) Military Service Verification
- (H2) Affidavit of Military Service Verification
- (H3) MSA Plus ID
- (H4) Foreign National

#### DMV Information

For DMV searches (A, B1, B2, C) please use DMV Request Form.

\* No locate no charge search

### You may use your own plain language form and attach, or sign below:

For matrimonial and estate searches, signature of spouse or executor is required.

By authority of (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

I am:  Spouse  Executor  Other: \_\_\_\_\_

Print requestor's name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Please use one form per request. (Additional copies available at [www.recoursa.com](http://www.recoursa.com))*

# Recoursa®

## DMV SEARCH REQUEST FORM

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Account number:  Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your billing reference \_\_\_\_\_

### SUBJECT DATA

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State to search: \_\_\_\_\_

Vehicle plates: \_\_\_\_\_

Vehicle IDs (VIN numbers) # \_\_\_\_\_

### SEARCH REQUESTED

*Please complete one form for each search requested.*

- (A) Driver's License Abstract       (B2) License Plate Abstract by Plate  
 (B1) License Plate Abstract by Name       (C) Vehicle Owner (VIN) Abstract

**Please Note:** For New York DMV searches, submit a separate business record that supports permissible use, ie: accident report, employment application, retainer agreement, etc. along with your order.

### PURPOSE OF LICENSE/MOTOR VEHICLE SEARCH *(You must check one)*

- |  |  |
|--|--|
| <input type="checkbox"/> Used by government agency, including any court or law enforcement agency or private person or entity acting on behalf of a federal, state or local agency | <input type="checkbox"/> Execution or enforcement or judgments and orders  |
| <input type="checkbox"/> Research activities   | <input type="checkbox"/> Pursuant to an order of a Federal, State or local court   |
| <input type="checkbox"/> Motor vehicle or driver safety and theft  | <input type="checkbox"/> By an insurer, insurance support organization or self-insured entity in connection with claims investigation, antifraud activities rating and underwriting  |
| <input type="checkbox"/> Motor vehicle emissions   | <input type="checkbox"/> For use in producing statistical reports, so long as the personal information is not published, redisclosed or used to contact individuals  |
| <input type="checkbox"/> Motor vehicle product alterations, recalls or advisories  | <input type="checkbox"/> Motor vehicle market research activities  |
| <input type="checkbox"/> Performance monitoring of motor vehicles, parts and dealers   | <input type="checkbox"/> For use by a licensed private investigative agency or licensed security service for any purpose permitted under this law  |
| <input type="checkbox"/> Removal of non-owner records from the original owner records of motor vehicle manufactures  | <input type="checkbox"/> Providing notice to the owners of towed or impounded vehicles   |
| <input type="checkbox"/> To verify the accuracy of personal information submitted by an individual to a business   | <input type="checkbox"/> For use by an employer, its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license required under the Commercial Motor Vehicle Safety Act of 1986 |
| <input type="checkbox"/> For a business to obtain correct information or the purposes of preventing fraud by pursuing legal remedies or recovering on a debt or security interest  | <input type="checkbox"/> In connection with the operation or private toll transportation facilities  |
| <input type="checkbox"/> Service of process  | <input type="checkbox"/> By written consent of the individual to whom the information pertains   |
| <input type="checkbox"/> Investigation in anticipation of litigation   | <input type="checkbox"/> For any other use specified authorized under state law if such use is related to the operation of a motor vehicle or public safety  |

Print requestor's name: \_\_\_\_\_

Signature: \_\_\_\_\_

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