

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

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: _____ / _____

Billing address if different from above _____

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 2012 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: _____

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SEARCH REQUEST FORM

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If you have not registered online and received an account number, please attach Client Data Form. An account number will be assigned and forwarded to you.

NOTE: Search requests can also be submitted online at 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

- (D) Reverse PO Box
- (I) Subject Locate
- (M1) Employment Background Search
- (M2) General Background Search
- (P1) Criminal Abstract by County
- (P2) Criminal Abstract by State
- (R) Social Security/DOB Locate*
- (T1) Complete Adverse Filings Nationwide

Real Property

- (K1) Real Property by Name and Social Security Number
- (K2) Real Property by Address*

Phones

- (H1) Landline Locate*
- (H2) Cellphone Locate*
- (H3) Reverse Landline Locate*
- (H4) Reverse Cellphone Locate*
- (H5) Reverse Toll Free Locate*
- (H6) Disconnected/Forwarded Phone Locate*

DMV Information

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

* No locate no charge search

Signature: _____

Please use one form per request. (Additional copies available at www.recoursa.com)

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

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

By authority of (print name): _____

Signature: _____

I am: Spouse Executor Other: _____

Print requestor's name: _____

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DMV SEARCH REQUEST FORM

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NOTE: Search requests can also be submitted online at www.recoursa.com

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: _____

Please use one form per request. (Additional copies available at www.recoursa.com)