

North American Information Services

Customer Application / Contract

Toll Free: 1-877-891-4237

Email: info@naisllc.us

*Full Name: _____ *Company: _____

*SSN: _____ - _____ - _____ *Company EIN: _____ - _____

*Physical Address: _____

*City: _____ *State: _____ ZIP: _____

*Phone: _____

*Email: _____ Alt phone: _____

*REFERRED BY: _____

*** Payment by credit card only: ***

Credit Card: # _____ Exp: ____ / ____ CVV: _____

(VISA, MASTERCARD, AM EX only).

Name on Card: _____ Zip code of billing address: _____

I, THE UNDERSIGNED, AM HEREBY ASSIGNING RESEARCH, AND I HEREBY REQUEST NORTH AMERICAN SERVICES HEREAFTER REFERRED TO AS NAS, TO CONDUCT THE RESEARCH AS ITEMIZED AND DESCRIBED IN THE CURRENT NAS INFORMATION PRICE LIST. **I PROMISE TO PAY NAS IN A TIMELY MANNER** AFTER BEING NOTIFIED THE RESEARCH HAS BEEN COMPLETED, WHETHER OR NOT THE INFORMATION IS NEEDED OR WANTED ANY LONGER. IF I PROVIDE NAS WITH ANY INCORRECT, NON-CURRENT, ILLEGIBLE OR MISPELLED INFORMATION, I AGREE NONETHELESS TO PAY NAS FOR THE RESULTS OF THE SEARCH REGARDLESS OF THE OUTCOME OF THE SEARCH. ADDITIONAL AND REASONABLE FEES MAY BE INCURRED IF CRITICAL INFORMATION IS CORRECTED BY NAS IN ORDER TO CONTINUE THE SEARCH. IN THE EVENT OF AN ERROR OR OMISSION BY NAS, I WILL NOT HOLD NAS AND/OR ITS AGENTS LIABLE, AND AGREE THAT I AM NOT ENTITLED TO PUNITIVE OR ANY OTHER DAMAGES AS A RESULT OF ANY SUCH ERRORS, AND WILL FURTHER DEFEND, INDEMNIFY AND HOLD HARMLESS NAS AND /OR ITS AGENTS FROM ANY ACTION(S) ARISING FROM THE PROVIDING OF THE REQUESTED INFORMATION. I ALSO UNDERSTAND THAT THE INFORMATION SOURCES ARE AT TIMES INACCURATE IN THEIR DATA BUT I WILL ACCEPT THESE SOURCES OF INFORMATION AS CURRENT. I AGREE THAT DISPUTES MUST BE PRESENTED IN WRITING WITHIN 5 DAYS OF THE COMPLETED RESEARCH. DISPUTES MUST BE ACCOMPANIED BY AUTHORITATIVE DOCUMENTATION THAT THE INFORMATION WAS IN ERROR AT THE TIME THE SEARCH WAS COMPLETED BY NAS. I AGREE TO PAY FOR ANY AND ALL SEARCHES ONCE SUBMITTED BY EMAIL OR TELEPHONE UNLESS CANCELED WITHIN TWO HOURS OF SUBMISSION AND WILL STILL BE SUBJECT TO ANY RESEARCH FEES OR ADMINISTRATION FEES ALREADY INCURRED. I ALSO AUTHORIZE NAS TO BILL MY CREDIT CARD FOR THEIR SERVICES OR DRAFT FROM MY PERSONAL OR BUSINESS CHECKING ACCOUNT. A SERVICE CHARGE OF 10% PER MONTH PLUS A \$10.00 ADMINISTRATION FEE WILL BE ADDED TO EACH PAST DUE INVOICE REQUEST. I ALSO UNDERSTAND THAT A COLLECTION ACTION MAY REFLECT ON MY PERSONAL AND/OR COMPANY CREDIT REPORT. I ALSO AUTHORIZE NAS TO CHECK MY PERSONAL AND/OR BUSINESS CREDIT AND/OR FINANCIAL HISTORY TO DETERMINE MY ABILITY TO PAY FOR THEIR SERVICES. ALL RETURN INFORMATION WILL BE RETURNED VIA FACSIMILE OR EMAIL UNLESS OTHER ARRANGEMENTS ARE MADE PRIOR TO THE SEARCH. I FURTHER AGREE THAT A FACSIMILE OF THIS AGREEMENT, THE ORIGINAL OF WHICH IS SIGNED BY ME, WILL HAVE THE SAME FORCE, EFFECT, AND LEGAL STANDING AS THE ORIGINAL. I ALSO AGREE THAT ANY LEGAL ACTION INSTITUTED BY NAS FOR COLLECTIONS WILL FALL UNDER THE LAWS OF THE STATE OF MISSOURI, COUNTY OF JASPER. I AM A LEGAL SIGNER FOR THE LISTED CREDIT CARD. I ALSO ATTEST UNDER PENALTY OF LAW THAT I AM AN AUTHORIZED REPRESENTATIVE OF THE ABOVE LISTED COMPANY AND AM RESPONSIBLE FOR BILLS INCURRED FOR THIS COMPANY.

*Guarantors Signature _____ Date: _____

Title: _____

***REQUIRED INFORMATION (Please Send Full Company Information or PI License # to:)**

info@naisllc.us

Revised 09/28/2022