

## PRE-SCREENING FORM

### Your Company Info

Client #: \_\_\_\_\_

Name: \_\_\_\_\_ Your Name: \_\_\_\_\_ Sales#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant's Information

Applicant's Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Drivers License: \_\_\_\_\_ State Issued: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Check No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## RESULTS

AIP'S Database  Pos  Neg      National Database  Pos  Neg

### **Disclaimer:**

***This information deemed reliable but not guaranteed. AIP Solutions is not recommending that your company extend credit to this applicant...we are simply providing you additional information to make your decision.***