

## New Client Onboarding Information

Please complete form and forward to: [clientonboard@blackhawk11.com](mailto:clientonboard@blackhawk11.com) or Fax: 908.325.0241

### Company Information

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Legal Business Name  | Trade Name - DBA     | Phone Number         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Billing Address      | City                 | State                | Zip Code             |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Business is a:      Corporation      LLC      Partnership      Proprietorship      Other

|                      |                      |                      |                       |
|----------------------|----------------------|----------------------|-----------------------|
| In Business Since    | Tax I.D. Number      | D&B Number           | State of Registration |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>  |

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Number of Employees  | Total Assets         | Annual Revenue       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Terms Requested:      Pre Payment      Net 30      Other

Credit Limit Requested:

Tax Exempt:      Yes      No

*\*If yes please provide exemption certificate*

### Contact Information

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Business Contact     | Title                | Phone                |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

|                      |                      |
|----------------------|----------------------|
| A/P Contact          | A/P Email            |
| <input type="text"/> | <input type="text"/> |

A/P Phone      Is a PO required:      Yes      No

Invoice Submission:      Email      Mail      Fax  
                                  Email Address      Fax Number

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

*By Submitting this form electronically or affixing a signature below, the undersigned (if a Corporation, the Corporate authorized Officers/Agents) agree to the following:*

- 1. That the information contained within this document is warranted to be true and correct.*
- 2. To pay when due, all invoices from BlackHawk Data LLC, ("BlackHawk") in accordance with the Standard Terms and Conditions. If no terms are given invoice payment will be due Net 30 from date*
- 3. In the event of default of payment when due, all costs of collection, including Attorneys' Fees and Court Costs, shall be paid by the applicant.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title