



Security Hut Inc. / Secur-A-Fact

General Agreement and Waiver
Account Information



Company Name _____
 DBA _____
 Federal Tax ID # _____
 Type of Company: Individual _____ Partnership _____ Corporation _____ LLP _____ LLC _____
 Business Address _____
 City, State, Zip _____
 Billing Address (if different) _____
 Business Phone _____ Fax _____
 Date Established _____
 Owner / Officer _____
 Email Address _____
 Type of Business _____
 Primary Purpose for using Security Hut Inc. _____

By completing and signing this application, including the signature on page two, you are accepting on behalf of your company (the "Customer"), all terms of Service in effect upon signing this document, as well as any future Terms of Service applicable if received, which can be viewed at Securityhut.com. You acknowledge the Customer's obligation to follow all state and federal laws in the use of any reports or information received from Security Hut Inc., this includes but is not limited to employment laws and the Fair Credit Reporting Act (FCRA) as well as state and federal regulations. The information contained here is used to determine the Customer's eligibility for opening an account with Security Hut Inc. You may be contacted by a representative for further information in processing your application. Security Hut Inc., reserves the right to reject this application without recourse on the part of the company or any individual listed below.

User Information:

Security Hut Inc. requires that each individual with authorization to access our services or receive information based on the results of a report compiled for our client is an authorized person whom is approved by the owner/officer creating this account. Each person accessing our online services will also be issued their own ID and password. Sharing these is strictly prohibited.

Name	Email Address	Phone Number (and extension)
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I would like to use Security Hut Inc. / Secur-A-Fact to provide the above listed business with information services supplied by Security Hut Inc. / Secur-A-Fact.
- I hereby certify that the use of the information provided will be in accordance with permissible purpose(s) allowed by the Fair Credit Reporting Act as designated by Federal and State Laws, and that such information will be used for no other purpose than allowed by Law. I further agree to indemnify and hold harmless Security Hut Inc. / Secur-A-Fact and all its officers, employees and clients individually and collectively for any act performed using the information provided
- I also agree to pay Security Hut Inc. / Secur-A-Fact for the services provided according to the price list attached to this agreement on a monthly basis. Payment to be received no later than the fifteenth day of the following month. I also agree to pay a late fee at the rate of 1.5% on the unpaid balance for each month or portion thereof payment is not received.

CAUTION PLEASE READ: The information made available through Security Hut Inc. / Secur-A-Fact has not been created nor maintained by Security Hut Inc. / Secur-A-Fact is not responsible for the content or accuracy of such information. The customer may not publish or sell the information retrieved through the services of Security Hut Inc. / Secur-A-Fact or use the information in a manner that infringes any copyright or proprietary interest of Security Hut Inc. / Secur-A-Fact or any third party. Customers may only use the information retrieved from Security Hut Inc. / Secur-A-Fact in accordance with existing Federal, State and Local Laws. Note: All notification requirements under the "Fair Credit Reporting Act" are required. If any information listed in this report will be used for an adverse action the applicant must be notified. If the applicant disputes any information provided please contact Security Hut Inc. / Secur-A-Fact so applicants claims can be verified. Please verify all information before any adverse action can be taken.

BILLING OPTIONS

Charge CC Monthly Monthly Billing

COMPANY CREDIT CARD INFORMATION *(only complete if Charge CC Monthly was checked as Billing Option)*

CC Type (Check One) Visa MC Amex Card Verification Value (CVV) Code:
 Cardholder Name _____ Visa/MC (3 digits on back of card) _____
 Card # _____ Amex (4 digits on back of card) _____
 Billing Address _____ Expiration Date _____
 City, St, Zip _____ Address 2 _____

I hereby authorize Security Hut Inc., to verify my billing address and credit card status with the card issuer, and, authorize Security Hut Inc., to charge my credit card for fees associated with my usage of Security Hut Inc., services. The agreement will continue in effect as long as I remain a subscriber to Security Hut Inc. services. I further warrant that all of the information provided herein is complete and accurate.

Signature _____ Date _____

CUSTOMER AUTHORIZATION

Print Name _____ SSN _____

Signed _____ Date ____ / ____ / ____
(Authorized Agent)

Witness _____
(Signature)

Date Signed ____ / ____ / ____

Sworn to and subscribed before me this _____ day of _____ 20 _____

Seal:

Notary Public Signature

FOR OFFICIAL PURPOSES ONLY (LEAVE BLANK)

Customer ID # _____ Business Type Code _____

Additional Information _____

Completed by _____ Date _____



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"Enter the Hut and Feel Secure"

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