AlumniFinder by DEEP SYNC

ALUMNIFINDER APPLICATION

The information submitted on this Application will be used to determine eligibility for accessing information provided by Compact Information Systems, LLC doing business as Deep Sync or AlumniFinder ("Deep Sync"). Deep Sync reserves the right to reject this Application without reason or for any reason whatsoever, without recourse against Deep Sync or any of its employees, officers, directors, agents, affiliates, or other designees. Additionally, the applicant hereby authorizes Deep Sync to independently verify the information provided herein. Deep Sync Quote is hereby incorporated by reference into this Application. Complete application in its entirety. ***You must have a non-residential PHYSICAL ADDRESS (No PO Boxes). Email application and copies of 501(c)(3) Tax Exemption Letter from the IRS, W-9 as applicable, AND your STATE SALES TAX EXEMPTION CERTIFICATE to your account contact.***

PART 1: ACCOUNT INFORMATION

Account Name: ACCOUNT NAME

Physical Address (City, State, Zip): PHYSICAL ADDRESS

Phone: PHONE **Fax:** FAX **Website:** WEBSITE

Length of time in business: YEARS & MONTHS **IP Address (https://www.whatsmyip.org):** IP ADDRESS

Is this location shared with any unaffiliated legal entities? Yes
If yes, please specify: _____

Previous Physical Address (fill out if at current address for < 6 Months) (City, State, Zip): PHYSICAL ADDRESS

If this Application is for an additional account, provide the Parent account number: PARENT ACCOUNT NUMBER

SECTION B: ACCOUNT CONTACT/ADMINISTRATOR INFORMATION

Last Name: NAME **First Name:** NAME **Title:** TITLE

Email Address: EMAIL **Phone:** PHONE **Extension:** EXT **Fax:** EXT
Description of intended use for the data: INTENDED USE CASE

PART 2: BILLING CONTACT Inquiries should be emailed to **AR@deepsync.com**.

Last Name: NAME **First Name:** NAME **Title:** TITLE

Email Address: EMAIL **Phone:** PHONE **Extension:** EXT **Fax:** FAX

Billing Address (City, State, Zip): PHYSICAL ADDRESS

PART 3:
Payment Method: Invoice (Net 30 from Invoice Date)

Business Type: LLC, C CORP, S CORP, ETC State of: STATE Federal Tax ID:FEIN

I HEREBY CERTIFY that I am authorized to execute this Application on behalf of the Account listed above and that the statements I have provided in this Application and Agreement are true and correct. Further, I hereby certify that I agree to the terms and conditions set forth in this applicable Quote and the applicable AlumniFinder terms located at HTTPS://DEEPSYNC.COM/TERMS-CONDITIONS/. I certify that this Account is not suspected of or involved in fraudulent or illegal activities or unethical business practices.

Signature: _____Date: Click or tap to enter a date.
Name: NAME Title: TITLE