

ALUMNI FINDER 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 C3 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 ☐ No ☒

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:

Invoice (Net 30 Terms): ☐; Credit Card ☐

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 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

Compact Information Systems, LLC, DBA (Doing Business As) Deep Sync, a State of Washington, LLC, located at 6720 108TH AVE NE STE 200, KIRKLAND, WA, 98033-7050, UNITED STATES