

LexisNexis Risk Solutions Government Application & Agreement

The information submitted on this Application will be used to determine the applicant's eligibility for accessing the services and products of LexisNexis Risk Solutions FL Inc. and its affiliates (hereinafter "LN"). To avoid delay, please provide all information requested. By submitting this Application, the applicant hereby authorizes LN to independently verify the information submitted and perform research about the individuals identified. Acceptance of this Application does not automatically create a business relationship between LN and the applicant. LN reserves the right to reject this Application with or without cause and to request additional information. Applicant acknowledges and understands that LN will only allow applicant access to the LN Services if applicant's credentials can be verified in accordance with LN's internal credentialing procedures.

Section I – Agency Information – please do not use abbreviations		
Full legal name of agency:	Main phone number for address*:	
	*If this is a cell, additional documents may be required	
If this application is for an additional account, Parent account number:	Fax number:	
Physical Address where LN services will be accessed – P.O. Box/Mail Drops cannot be accepted (street, city, state, zip):	Previous address if at the current address less than 6 mos:	
Website address:	External Agency IP Address (https://www.whatismyip.com):	
External Agency IP Range – From:	External Agency IP Range – To:	
Agency information:		
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Federal Law Enforcement	<input type="checkbox"/> Local/Municipal Government
<input type="checkbox"/> State Government	<input type="checkbox"/> State Law Enforcement	<input type="checkbox"/> Local/Municipal Law Enforcement
<input type="checkbox"/> Other (please explain):		
Section II – Administrator and Main Contact Information (for additional administrators, please provide additional sheets)		
Product Administrator or Main Contact (first & last name):	Title:	
E-Mail Address:	Admin IP Address:	
Required for local and municipal agencies:		
Administrator Home Address (street, city, state, zip):	Administrator Date of Birth:	
Section III – Billing Information		
Billing Contact (first & last name): check here if same as Administrator <input type="checkbox"/>	Title:	
Billing Address (street, city, state, zip):	Telephone:	
E-Mail Address:	Sales Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes – please provide proof of exemption	
Do you require a PO number on invoice:		
<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide PO Number:		
Section IV – Business-to-Business Vendor Reference		
Required for local and municipal agencies:		
Company Name:	Contact:	
Business Address (street, city, state, zip):	Contact Phone Number:	
E-mail Address:	Account Number (if applicable):	

Section V – Site Visits

Site visits may be required to assure Applicant eligibility for LN products or services. By submitting this Application, Applicant agrees to authorize a site visit by LN or its approved third-party, and agrees to cooperate in its completion. If the contact for coordinating the site visit is not identified above as the Administrator, please provide the site visit contact's information below:

Contact Name:

Contact Phone:

Contact Email Address:

Section VI – Terms and Conditions

Terms and conditions governing the use of the LN Services are available online at <http://www.lexisnexis.com/risk/masterterms/government> and are incorporated into this Application & Agreement by reference as if stated in full herein. By signing below Applicant expressly certifies it has read the additional terms and conditions and agrees to be bound by them.

Signature

I HEREBY CERTIFY that I am authorized to execute this Application & Agreement on behalf of the Agency listed above and that I have direct knowledge of the facts stated above.

Applicant Signature:

Date Signed:

Applicant Name:

Title: