



Independent Contractor Application

Your Name: _____ Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Direct Phone/Ext: _____ Fax Number: _____

Email Address: _____ Website: _____

Years Experience: _____ License Number (if applicable): _____

Professional organizations/associations (if applicable): _____

Background/Qualifications:

Primary Coverage Area: _____

Routine Fee (3-5 days): _____ Rush Fee (24-48 hours): _____ Same Day Fee: _____

Additional Defendant, Same Address Fee: _____ Any Additional Fees: _____

Additional Coverage Area(s): _____

Routine Fee (3-5 days): _____ Rush Fee (24-48 hours): _____ Same Day Fee: _____

Additional Defendant, Same Address Fee: _____ Any Additional Fees: _____

Are you able to accept documents via: Fax Email Overnight Mail (FedEx, UPS, etc.)

List any other services you provide (court record research, filing, notary, messenger, skip tracing, etc.):

Fee(s) for additional services: _____

Additional Comments:
