

# Docview, LLC

## Application and Setup Form

Agency Information	
Agency Name:	
Agency ORI:	
Address:	
City, State, Zip:	
Records Supervisor:	
Records Department Phone Number:	
Agreements with Docview, LLC	
(Following section not applicable if full length service agreement is being used)	
Agency agrees that Docview can add a \$6.00/report e-commerce convenience fee, which is paid to Docview by insurance companies/citizens who purchase a report online.	YES / NO
Agency/entity agrees to return any hardware provided by Docview if the project is cancelled by either the agency or Docview in under a one-year period.	
Agency/entity agrees to allow Docview to release VIN and other crash data to Docview's business partner, Carfax, for traffic and consumer safety purposes.  <b>(Note: No personal or private information concerning drivers, passengers, owners, witnesses or other involved parties is shared with CARFAX®.)</b>	
Will attorneys have the right to obtain your agency's crash reports by searching with select injury codes?	
Accident Report Information	
Approximate number of crash reports in 2009:	
Price your agency currently charges for a crash report:	\$
Implementation	
Main contact for implementation: (Name, Phone, Email):	
IT Contact (Name, Phone, Email):	
Revenue check should be made out to:	
Revenue check should be sent to (if different from above):	

\_\_\_\_\_  
Project Administrator: (Print AND Signature)

\_\_\_\_\_  
Date:

Fax completed form to (517) 327-1988 or email it to [info@docview.us.com](mailto:info@docview.us.com)