

## Certified Independent Consultant Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Company Website: \_\_\_\_\_

Company Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Employees: \_\_\_\_\_

List your current partner relationships: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list industry verticals that your company supports: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return form to [cic@lexisnexis.com](mailto:cic@lexisnexis.com) or fax to (919) 487-1808, Attn CIC Administrator.