

**COMPANY INFORMATION**

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

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

*Invoices will be billed on a monthly basis.*

**AUTHORIZED USERS**

*Results will only be sent to Authorized Users*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

By signing below, I certify that I agree to the terms and conditions set forth in the "FACT SHEET" received, provided the employee with a Summary of Rights under the FCRA, and received a signed authorization prior to submission of a background check.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**