



## Simple Screening Account Activation Form

To ensure your account activation is processed in a timely manner, please type or clearly print. Please complete all sections.

**Please fax completed application to 864-862-5515.**

**Section A: Company Information**

Company Legal Name:

Legal Address:

City:	State:	Zip Code	County:
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Contact/Title:	Executive Contact/ Title:
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E-Mail:	E-Mail:
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Phone:	Fax:	Phone:	Fax:
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Billing Address (If different from legal)

City:	State:	Zip Code:	County:
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Billing Contact:	Billing Contact Title:
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Billing Contact Phone:	Billing Contact E-mail:
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Number of Employees:	Type of Business:	Anticipated # of screens per year:
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**Section B: Service/ Product Options:**

- Employee Screening Service w/o Credit Report
- Employee Screening with Credit Report
- Criminal Report for non-employment related purposes

**Section C: Account Type:** (Please check all that apply)

- FCRA Regulated Account
- Legitimate business need in connection with a transaction initiated by the consumer
- For Employment Purposes
- For the underwriting of insurance as a result of an application from a consumer
- For the extension of credit as a result of an application from a consumer of the review or collection of a consumer account

**Section D: Billing Information:** (Please check appropriate box)

- Bill any charges from Simple Screening to credit card
  - Invoice – Payable upon Receipt
- \*Invoicing Requires a minimum of 20 reports per month

If paying by CREDIT CARD, please complete the following: (VISA, MasterCard and American Express)

Card Type:	Card Number:	Expiration Date:	Cardholder Name:
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**Signatures:**

Simple Screening Authorization:	Date:
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Client Authorization:	Date:
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