



9329 SE Maricamp Rd.
Suite 12
Ocala, FL 34472

Telephone (352) 687-1044
TeleFax (877) 218-2054
Toll Free (888) 218-2053

Service Application

Notice to all Applicants: All potential users of confidential credit information must ensure that they do the following:

- 1.) Be an acceptable and bona fide business entity.
- 2.) Identify the type of business location and verifiable business address and phone number.
- 3.) Identify the specific and sole purpose for which it intends to use credit information.
- 4.) Have knowledge of the FCRA, (Fair Credit Reporting Act).
- 5.) Provide and maintain security measures for accessing confidential credit information.

Please complete this questionnaire in its entirety. Incomplete applications will not be accepted.

1. Your Company Name: _____ # of units: _____ county: _____

2. Is this a DBA? _____ 3. If "yes", Your Corporation Name: _____

4. Business Address: _____ Suite #: _____ City: _____ State: _____ Zip: _____

5. Your Billing Address (if other than #4 or if #4 is a P.O. Box): _____ Suite #: _____ City: _____ State: _____ Zip: _____

6. What type of property is your place of doing business? _____ 7. How long has this entity been in business? _____
Check One: Commercial Residential

8. Business Telephone #: _____ Back line #: _____ 9. Listed with Phone Company? _____
 Yes No

10. Business Fax #: _____ 11. Designated Fax Line? _____ 12. Is your fax located at your business address? _____
 Yes No Yes No

13. Name the person responsible for accounts payable: _____ 14. Sales tax in your County: _____

15. Explain in detail the type of business you are engaged in: _____

16. Explain in detail the purpose for which your company will use credit information: _____

17. Do you wish to receive a copy of the pertinent sections of the FCRA as is applies to your business? _____

18. Below, please list the names of ALL persons in your organization, including yourself, that you authorize to have access to confidential credit information and to make a purchase for which your company will be billed.

EMPLOYEE'S FULL NAME

In order to receive confidential credit information, the undersigned (“subscriber”) and Applicant-Screening.Com, Inc. enter into the following agreement.

_____ I agree to notify Applicant-Screening.Com, Inc. of the termination of an employee or their access privileges. Applicant-Screening.Com, Inc. will make changes to employee roster only during regular business hours.

_____ I accept that it is the responsibility of my authorized employees to furnish Applicant-Screening.Com, Inc. with complete and accurate data such as Applicant Name, Addresses including zip code, Social Security Number, etc... In the event that Applicant-Screening.Com, Inc. is furnished with inaccurate or incomplete data, Applicant-Screening.Com, Inc. assumes no responsibility for inaccurate or incomplete reports returned to the authorized employee.

_____ I accept that Applicant-Screening.Com, Inc. reserves the right to charge 10% per month interest on outstanding balances over 60 days. I also agree to pay collection costs and attorneys fees in the event of default of this agreement.

_____ I certify that when requesting credit information from Applicant-Screening.Com, Inc., I have a signed authorization from each applicant and will retain authorization on record for a period of not less than two (2) years. At all times, I will be able to produce authorization signatures when requested by Applicant-Screening.Com, Inc. or by Subpoena.

_____ I certify that credit reports will be used solely for the legal “*permissible purpose*” specified and approved above. If credit history is necessary *for any other purpose*, Applicant-Screening.Com, Inc. will be notified prior to the request.

_____ I agree to hold all Credit information as confidential and not to disclose Credit information in whole or in part to the subject of the report (applicant) or to any third party not involved in the related, specific business transaction. I agree not to alter the content, sell or give away Credit Reports obtained from Applicant-Screening.Com, Inc. and comply with **Public Law 91-508**, The Fair Credit Reporting Act.

_____ I understand that violation of the Fair Credit Reporting Act may constitute a punishable Federal offense and that other Local, State and Federal laws may govern my access and use of credit information. Applicant-Screening.Com, Inc. may terminate my access to Credit information without notice.

_____ Applicant-Screening.Com, Inc. agrees to use it’s best efforts to gather information from sources deemed reliable and to report information accurately. I agree that under no circumstances will Applicant-Screening.Com, Inc. be liable for errors or omissions or for any consequential damages however arising including damages arising from the use or misuse of credit information. I agree to indemnify Applicant-Screening.Com, Inc. and hold Applicant-Screening.Com, Inc. harmless from any claims that may arise from the information released. Applicant-Screening.Com, Inc. will furnish credit reports solely based on that indemnification. Applicant-Screening.Com, Inc. does not recommend or make any credit granting decisions.

_____ This agreement shall continue in force without any fixed date of termination. This agreement shall not be altered, varied or enlarged upon by any verbal promises, statements or representations not expressed herein. This agreement shall be interpreted in accordance with the laws of the State of Florida.

Signature: _____ **Date:** _____

Print your name clearly: _____

This application is not complete unless it is accompanied by the following supporting documentation:

Company accounts must submit:

- A Business License, A State Registered License, A Real Estate License or a Business Tax Statement.

Sole Owner of Property Must Submit:

- Proof of ownership such as Title, Deed or Property Tax Documents for each property.

**Return your application and documentation to : Fax: (877) 218-2054
Phone: (888) 218-2053**

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