

Please print form and fax back to us at 415-449-3599.

EMPLOYEE SCREENING ACCOUNT APPLICATION FORM

I hereby authorize ABLE SCREENING SERVICES to provide employees screening services. I understand that ABLE SCREENING SERVICES has no control over the contents of the report issued by the authorized credit bureaus. PLEASE PRINT CLEARLY !!

WHERE DID YOU HEAR ABOUT ABLE SCREENING? _____

Company name : _____ Years in business _____

Type of business ownership
(indicate one) Partnership _____ Sole Owner _____ Corporation _____

Responsible party – Last name : _____ First _____

Address : _____ City : _____ State : _____ ZIP: _____

Telephone # : _____ Fax # _____

Banking Reference (Name) : _____ email address: _____

Account # : _____ Tax ID# _____

The applicant agrees to comply with all the provisions of Public Law 91-508 and the Fair Credit Reporting Act (Public law 91-508 provides that any person who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year or both). Information supplied will be requested only for applicants exclusive use and the applicant certifies that inquires will be made only when the applicant intends to use the information for permissible purposes of tenant screening only. Applicant further agrees to hold information in strict confidence and acknowledges they are the end user of this information. In the case the disclosure of such information leads to any claims or litigation, applicant will hold Able Screening harmless from any liability or damages resulting therefrom. Able Screening shall not be liable in any manner whatsoever for any loss or injury to applicant resulting from the obtaining or furnishing of such information and shall not be deemed to have guaranteed the accuracy of such information, such information being based, however upon reports obtained from sources considered by Able Screening Services to be reliable.

It is further agreed that if the applicant is delinquent in payment of charges, or is guilty of violating the terms of this contract, Able Screening may, at its sole discretion discontinue providing service to applicant. Applicant may only use the report information obtained for the permissible use of business screening only.

Authorized representatives signature _____ date _____

Title _____

For office use only

Verified by : _____ Date : _____