



ONE-TIME SCREENING—NO ACCOUNT SET-UP REQUIRED!

Credasys now offers you the ability to do one-time screenings, without setting up an account. We understand that sometimes small businesses or even big businesses with a low turn-over rate need to have a screening done but you don't have the time to set up an account.

The process is quick and easy. **Just complete the three forms below and fax your request to us at 888-711-2939.** We will run the report and either email or fax the results to you! Most services are available through this method. Please be advised, however, that you may not request a credit report using this method. In order to access a credit report you must set up an account and have a Site Inspection completed. Please refer to the application to view the list of available services and pricing for the One-Time Screening Method.

Thank you, we appreciate your business. For questions or concerns, please contact our customer service department at 888-500-0019.



REQUEST FOR BACKGROUND CHECK

CORPORATE INFORMATION (requestor's information)

COMPANY NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME & TITLE _____

COMPANY MAIN TEL# _____ FAX# _____

E-MAIL ADDRESS _____

CIRCLE A DELIVERY METHOD:(Only one delivery method is permitted.) **EMAIL** [] **FAX** []

YOUR BILLING INFORMATION: (Visa, MasterCard, or American Express Only)
We **DO NOT ACCEPT** Discover Card.

VISA [] **Master Card** [] **American Express** []

First Name: _____ **Last Name:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Account No: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ (mm/yy)

CVV CODE:(Last three number in back of your card) _____



Service Agreement: I agree to abide by all applicable local, state and federal laws with regard to the report(s) I am ordering today and will not share this information with any third parties or display it publicly. Under penalty of perjury, I swear that I am the authorized cardholder of the credit card indicated above and grant permission to have it charged for the total amount of \$. **Once you request the report, we will process your request and you will be billed instantly from CREDIT DATA. If you dispute a valid charge from CREDIT DATA, you will be liable for an additional collection fee of \$25.00** PLEASE VERIFY ALL OF THE INFORMATION PROVIDED. FAILURE TO PROVIDE CORRECT INFORMATION WILL RESULT IN "NO RECORD" AND YOUR CREDIT CARD WILL STILL BE CHARGED.

ALL ORDERS ARE DISPATCHED IMMEDIATELY. NO CANCELLATIONS OR CHANGES CAN BE MADE AFTER YOU FAX YOUR ORDER.

Signature: _____ **Date:** _____

Print Name: _____

***This portion to be filled out by the Consumer/Applicant ***

Please Print Neatly

CONSUMER REPORT/DISCLOSURE NOTIFICATION

Release of Information / Authorization

I understand that a Consumer Report or an Investigative Consumer Report may be obtained. All state motor vehicle bureaus, law enforcement agencies, credit bureaus and courts are authorized to release all written and verbal information about me. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

APPLICANT'S PRINTED NAME _____

DATE-OF-BIRTH ____-____-____

SOCIAL SECURITY NUMBER ____-____-____

DRIVER'S LICENSE # _____

STATE: _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT'S SIGNATURE _____

DATE SIGNED ____-____-____

Print and complete this form and fax it to **888-711-2939** along with the Fax order form.



