

Credit Verification Services

Application for Employee Screening Services

9959 Gravois, Rd., Suite B
St. Louis, MO 63123
314.772.4500 (Phone)
314.772.4100 (Fax)

ORGANIZATION NAME: _____

CONTACT PERSON'S NAME & TITLE: _____

PHONE #: _____ FAX #: _____ Business Hrs. : _____

ADDRESS: _____
(Street) (City, State) (Zip)

e-Mail ADDRESS: _____

Type of Organization: Corporation Partnership Sole Proprietor Other

Type of service or product provided: _____

of years your organization has been in business: _____ Total # of employees: _____

Previous company who did screening for you: _____

How did you learn of CVS? Yellow Pages Business White Pages Direct CVS contact

Referred by _____ Other _____

TYPE OF SCREENING USUALLY REQUESTED:

Full Screening (with persona credit report, employment & credential verifications)

Background verifications of employment only Persona credit report only

Criminal Records Check Motor Vehicle Records Check Persona Credit Report Only

Drug Screening Facilitation Social Security Searches

METHOD OF PAYMENT: Purchase Order required Company check Credit card

Visa MasterCard Discover Card Account #: _____ Expiration Date: _____

Social Security #: _____ / _____ / _____ (For Sole Proprietor, Partnership or Other only)

EIN#: _____ (For all parties not supplying Social Security #)

Bank Name City & State Account Number Telephone #

Permission is granted to verify all credit information. In signing this application, the undersigned states that the above information is warranted to be true and hereby authorizes Credit Verification Services (CVS) to investigate the statements or other data obtained pertaining to credit or financial responsibility. The undersigned agrees that this application shall remain the property of CVS.

NOTICE TO CONSUMER: An investigative consumer report including information as to credit and financial responsibility may be investigated. You, the applicant, have a right to request in writing a complete disclosure of the nature and scope of the investigation. Your request should be addressed to Management and must be made within thirty days of the date the application is submitted.

Responsible Party's Signature

Date Submitted