



Please print out this form; fill it out, sign and initial in the proper places; then scan and email or fax all necessary documentation to 3D Background Screening.

Preferred Monthly Payment Method (Circle One): Credit Card Check

Card Type (Circle One): Visa Mastercard American Express

Credit Card Account Number: _____

Expiration Date: _____

Name (as it appears on card): _____

Billing Address: _____

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

In order to receive confidential credit/background information, the undersigned ("subscriber") and 3D Background Screening enter into the following agreement.

(Initial each)

_____ I certify that credit/background reports will be used solely for the legal "permissible purpose" specified and approved above. If credit/background history is necessary for any other purpose, 3D Background Screening will be notified prior to the request. I agree to comply with all applicable Federal and State laws and regulations.

_____ I understand that 3D Background Screening assumes no responsibility for inaccurate or incomplete reports and will at no time accept a request for cancellation or refund once said service(s) have been transmitted for processing.

_____ I certify that when requesting credit/background information from 3D Background Screening that I have a signed authorization form that is clear and conspicuous in a standalone document for each applicant and will retain this authorization on record for a period of not less than two (2) years. At all times, I will be able to produce these authorization signatures when requested by 3D Background Screening or by Subpoena. I understand that 3D Background Screening reserves the right to randomly check these authorization waivers to assure compliance with FCRA requirements.

_____ I agree to hold all Credit/Background information as confidential and not to disclose Credit/Background information in whole or in part except for those required by law. I agree not to alter the content, sell or give away Credit/Background Reports obtained from 3D Background Screening and comply with the Fair Credit Reporting Act. I agree to provide to the applicant any information as well as a copy of the background report that was used in determining adverse action in employment. I also agree to provide them a copy of their rights as required by the FCRA. I understand that 3-D reserves the right to inform the applicant that a background report has been sent to my company if deemed necessary, in compliance with the FCRA.

_____ 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/background information. 3D Background Screening may terminate my access to Credit/Background information without notice.

_____ 3D Background Screening agrees to use its best efforts to gather information from sources deemed reliable and to report information accurately. I agree that under no circumstances will 3D Background Screening be liable for errors or omissions or for any consequential damages however arising including damages arising from the use or misuse of credit/background information. I agree to indemnify 3D Background Screening and hold 3D Background Screening harmless from any claims that may arise from the information released. 3D Background Screening will furnish credit/background reports solely based on that indemnification. 3D Background Screening does not recommend or make any credit granting decisions.

_____ I accept that all payments to 3D Background Screening will be due upon receipt of their invoices and that 3D Background Screening reserves the right to charge a \$10.00 late payment fee as well as 1.5% a month if payment is not received by 30 days from the invoice date. A late payment fee notice will be sent at that time and if payment is not received within 7 business days from the date of that notice your access to our services will be temporarily suspended until such payment is received. Balances of 30 days or more may be subject to payment from a secured credit card. I also agree to pay collection costs and attorney's fees in the event of default of this agreement.

_____ 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.

Name of Company: _____

Signature: _____ **Date** _____

Print your name and title clearly:

This application is not complete unless it is accompanied by at least one of the following supporting documentations:

Company accounts must submit one of the following:

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

OR:

A Business Tax ID, FIN, EIN, SSN or applicable ID _____

3D Background Screening

Mailing Address: P.O. Box 3063 | Ocala, Florida 34478

Phone: (352) 622-6486 or (866) 293-6486 - Fax: (407) 540-9350

Email: admin@3-Dinfo.com