

Credit Verification

Client Letter of Agreement
for Employee Screening

Phone: 314.772.4500

Fax: 314.772.4100

info@creditverification.com

Return by FAX or email

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USE OF THIS FORM PROHIBITED OUTSIDE OF CREDIT VERIFICATION SERVICES

Thank you for choosing Credit Verification (CV) for your employee screening needs. Be sure to provide all the information requested.

A. Instructions:

- 1) Print, complete, sign, and date the form. **Please print clearly.**
- 2) Return the completed form to CV.
- 3) **Access to e-mail or fax is required for transfer of documents. Do not send documents via U.S. mail.**
- 4) A company representative may contact you by phone or e-mail if additional information is required.
- 5) **As a Credit Verification client, you must use application forms provided by Credit Verification.**

You may request an ID and Password to retrieve proprietary Employment Application and Permission forms from our Web site.

Contact Name: _____

Contact Title: _____

Company Name
LLC: INC. _____

Mailing Address: _____

City, State, Zip: _____

Daytime Phone No.: () - _____ Work
 Cell Fax No.: () - _____
 Home

E-mail Address: _____ @ _____

May we send information and/or receipts to your e-mail address? Yes No

Payment Information (Enter a Debit or Credit Card Number – Visa, MasterCard, or Discover) We do not accept American Express or offer billing/invoicing services

Credit/Debit Card No.: _____ - _____ - _____ - _____ Exp: ____ / ____

CVV Number (3-digit code on back of card) _____

Name on Card: _____

Your **Card** Billing Address: _____

City, State, Zip: _____

Credit Verification is required, by legal agreement with the consumer credit reporting agency, to collect one of the following ID numbers. You must provide the appropriate ID number.

SSN: **XXX-XX-** Sole Proprietors or General Partnerships *only*
Last 4 digits only

EIN: - All Other Business Entity Types

Type of service or product provided: _____

No. of years your organization has been in business: _____ Total no. of employees: _____

TYPE OF SCREENING USUALLY REQUESTED:

- Full Screening (Credit payment history and employment verifications) Credit Payment History Only
 Verification of employment only Criminal Records Check
 Motor Vehicle Records Check Personal References Check

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How did you hear about us? _____

C. TERMS:

This letter is an agreement between Client, the above written company or individual, and Credit Verification (CV). Under this agreement CV will screen prospective and current employees for Client, commencing on the date below. Client agrees to request CV reports only for the purpose of pre-screening prospective employees or for review of current employees. Client further agrees to obtain written authorization from said individuals and keep said written authorization on file for at least 25 months. CV and Client will hold all personal information in confidence. Client agrees to comply with all audit requests from the supplying consumer credit reporting agency. This agreement may be canceled by either party at any time.

D. Billing: Payment in full is due upon completion of report(s). A late fee of five dollars (\$5.00) will be assessed every ten (10) days on any unpaid/open balance. To avoid processing or late fees, current and valid credit/debit card information is to be supplied and kept on file. Client will be responsible for any extraneous expenses incurred on their behalf.

SERVICE FEES:

Credit payment history only (CPH):	\$40.00
Nationwide criminal record check (NC):	\$30.00
Driving record check (DR):	\$30.00
Package (includes CPH, NWC, and MVR services):	\$85.00
Verifications of employers and references (each):	\$15.00 each
Criminal record check for a single state:	\$25.00

E. PERMISSION AND AGREEMENT:

I am in agreement with the terms and conditions of this Letter of Agreement. Client shall indemnify, defend, and hold Credit Verification (CV) harmless from and against any and all costs and liabilities which may be asserted against CV based upon any use of information furnished through CV. Agreement is in effect upon receipt of this document and/or applications forwarded for the purpose of employee screening.

Client Signature

Client Signature

Print Name

Print Name

Print Title

Print Title

____ / ____ / ____
Date

____ / ____ / ____
Date

This form will be required on an annual basis.