The Screening Group

P.O. Box 760 Lodi, California 95241. Phone (800) 571-0239. Fax (888) 267-3423.
www.thescreeninggroup.com
Nationwide Pre-Employment Screening

Application for Services

Company:_____ **Contact Person:**_____

Address:_____

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

Mailing Address (if different from above):_____

City_____**State:**_____**Zip:**_____

Phone:_____ **Fax:**_____

Email Address:_____ **Web Site:**_____

I, the undersigned, certify that I am an authorized representative of the above company, and have the authority to sign contracts for the company. I understand that services provided by **The Screening Group** will normally be invoiced upon completion of the service, and payment is due 15 days from invoice. Payments arriving after the due date will be considered late, and a service charge of 1.5% per month will then be due. A service charge of $50 or the maximum allowed by law will be charged for any check returned. I agree to pay attorney fees up to a maximum allowed by law to enforce collection actions. Other payment plans are available, but need to be arranged prior to the service being performed. Payment is due even if the services are no longer required, if the service has been initiated.

I certify that all applicable requests will meet the permissible use requirements of DPPA and FCRA, and their associated legal interpretations. I understand that I must have written authorization for those requests whether or not I have provided copies of these authorizations to **The Screening Group**, and these written authorizations will be kept by my company for the applicable time frames required by law. I also understand that I may not submit requests for information which violate State or Federal laws. I agree to indemnify and hold **The Screening Group** and its agents, assignees, and heirs harmless against all claims,damages,losses, expenses,liabilities, and/or client or third party actions arising out of or related to services provided except those arising from **The Screening Group** intentional wrongful acts. I understand that reserves the right to refuse to provide information to my company if **The Screening Group** believes the reason for the information is unlawful, immoral, or endangers the security or safety of others.

I certify that I have not misrepresented myself or my company, and understand that misrepresentation in this agreement may result in Civil and/or Criminal action against myself and my company. I certify that I am an employee or officer within my company.

_____   _____
 Representative Signature   **Date**