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## NEW CLIENT FORM

### Business Information

Legal Company Name:
Address:
City, ST, Zip:
Office Tel#:

### Who will be submitting and receiving the background checks?

Name:
Tel#:
Email:

### Who will be receiving and handling the the billing?

Name:
Tel#:
Email:

### Principle of the Business

Name:
Tel#:
Email:

### Services / Screening Package (circle all that apply)

Nationwide Criminal Records - Civil Records - Credit Report w/ Score
Employment Verification - Character Verification - Landlord Verification
Eviction Records - SSN Search - Motor Vehicle Records (MVR's)

