



## Appendix D End User Screening Application

In compliance with the Federal Fair Credit Reporting Act and Creative Services, Inc.'s client credentialing procedures, please complete the following application.

### Member Registration Information

Legal Company Name:	
DBA (If applicable):	
Address:	
City / State / Zip Code:	
Main Telephone:	
Web Address:	
Nature of Business:	
Number of Employees:	
FID Number:	Number of Years in Business:
Specific purpose for which Consumer Reports will be used:	
Classification (Corporation/Non-Profit/Partnership/Sole Proprietorship):	
If incorporated, please indicate the state of incorporation:	

Please include the following information **ONLY** if your company is classified as a Sole Proprietorship or Partnership:

<b><u>SOLE PROPRIETORSHIP</u></b>		
Name(s):		
Home Address:		
City / State / Zip Code:		
<b><u>PARTNERSHIPS: LIST ALL PARTNERS BELOW:</u></b>		
Name(s):		
Home Address:		
City / State / Zip Code:		
Name(s):		
Home Address:		
City / State / Zip Code:		
Name(s):		
Home Address:		
City / State / Zip Code:		

**IMPORTANT CREDIT REPORT DISCLOSURE FOR SOLE PROPRIETORSHIP OR PARTNERSHIPS ONLY:**

I understand in order to obtain credit reports for employment purposes, the sole proprietor or partner(s) consent to CSI obtaining a copy of the sole proprietor or partners' personal credit report(s) and social security trace. In addition, sole proprietor and partner(s) must provide a copy of their government issued photo identification prior to requesting a credit report.

CSI reserves the right to deny credit report requests based on any failure to meet credit bureau credentialing requirements.

## Account Management

<b>Authorized Contact:</b> <input type="checkbox"/> I understand this contact will have all administrative level rights in the website.	
Primary Contact Name:	
Title:	
Email:	
Telephone:	
<b>Additional Authorized Contacts:</b> Please list any other authorized contacts for your account:	
Name:	Name:
Select Contact Permissions:	Select Contact Permissions:
1: Administrator 2: Request and Review All Reports 3: Request Only	1: Administrator 2: Request and Review All Reports 3: Request Only
Title:	Title:
Email:	Email:
Telephone:	Telephone:
Please list any additional contacts separately and return with this document.	
<b>Billing Information:</b>	
Billing Address:	
Billing City/State/Zip:	
Primary Billing Contact:	Secondary Billing Contact:
Title:	Title:
Telephone:	Telephone:
Email:	Email:
<b>IMPORTANT INVOICE NOTICE:</b> <b>Invoices are emailed from <a href="mailto:accounting@creativeservices.com">accounting@creativeservices.com</a>. Please safe list this domain to allow delivery.</b>	
Do you prefer ACH payment method? Yes / No A member of the CSI Client Services team will contact you with further instructions after account activation.	
CSI may occasionally need to contact your applicant(s) for additional information during our investigation. May we contact your applicant(s) directly? Yes / No If you do not want your applicant(s) to be contacted, please select "No."	
Do you want CSI to contact your HR Department to verify to verify previous employment of a previous employee of your company? Yes / No Please select "Yes" if you would like CSI to contact your HR Department to verify employment of a re-hire.	
Would you like to enroll in CSI's FCRA Administration enrollment? Yes / No If yes, select one: <input type="checkbox"/> Tier1 FCRA Administration Program <input type="checkbox"/> Tier 2 FCRA Administration Program To learn more about this process please visit <a href="http://www.creativeservices.com/resource-center/FCRA">http://www.creativeservices.com/resource-center/FCRA</a> <input type="checkbox"/> I understand that, if elected, I must enroll in the FCRA Administration Program by reviewing the website above and that the FCRA Administration Program will incur additional fees.	
Would you like to use the text messaging feature to notify applicants to complete their information? Yes / No <input type="checkbox"/> I understand that, if elected, text messaging will incur additional fees.	
<b>Client Signature:</b>	
Authorized Signature:	Title:
Printed Name:	Date: