



ACCOUNT APPLICATION

Company Information

Legal Name:	_____
dba:	_____
Physical Address:	_____ _____
Mailing Address:	_____ _____
Billing Address:	_____ _____
Phone Number:	_____
Fax Number:	_____
Website:	_____
Field of business:	_____
Years in business:	_____
Type of entity:	<input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other: _____
EIN:	_____
State of Formation:	_____

Contact Information

Senior Executive Contact:	_____	Title:	_____
Phone:	_____		
Email Address:	_____		
Primary Account Contact:	_____	Title:	_____
Phone:	_____		
Email Address:	_____		
Billing Contact:	_____	Title:	_____
Phone:	_____		
Email Address:	_____		



AUTHORIZED USERS

Please list all persons who are authorized to place orders and/or access results.

Name: _____	Title: _____
Email: _____	Phone: _____
Assessment Clients	Screening Clients (Background Checks, Drug Testing)
Access: <input type="checkbox"/> Full Access: Order & receive all test results	<input type="checkbox"/> Full Access: Order & view all results
<input type="checkbox"/> Order only; cannot receive test results	<input type="checkbox"/> Order only; cannot view results
	<input type="checkbox"/> Order & view only results requested by <u>this user</u>
Name: _____	Title: _____
Email: _____	Phone: _____
Assessment Clients	Screening Clients (Background Checks, Drug Testing)
Access: <input type="checkbox"/> Full Access: Order & receive all test results	<input type="checkbox"/> Full Access: Order & view all results
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<input type="checkbox"/> Order only; cannot receive test results	<input type="checkbox"/> Order only; cannot view results
	<input type="checkbox"/> Order & view only results requested by <u>this user</u>

If you have multiple locations that must be billed separately, contact us and we can accommodate separate accounts.