



320 Westcott @  
Memorial  
Suite 108  
Houston, Texas 77007  
PHONE: 888-636-3693  
FAX: 888-636-3694

Completing this form in no way obligates you to utilize the services of Kress. Kress Employment Screening has no membership fees, dues or minimum usage requirements. Invoices are itemized in detail with all services billed monthly on a net 30 basis. Completion of this form will enable us to setup your account and document those individuals that are authorized to request and receive this extremely confidential information.

**Thank you for selecting the services of Kress Employment Screening.**  
When you have completed this form, please fax it to **713-880-3694** or **888-636-3694**.

## CLIENT INFORMATION SHEET

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ Alternate Fax: \_\_\_\_\_

Primary Representative: \_\_\_\_\_

Additional Representative: 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

Completed Report Delivered via: (check one)  Fax  Email

Fax Delivery: Call Before Faxing:  Yes  No

Email Delivery: Address: \_\_\_\_\_ Password: \_\_\_\_\_

Will this account be servicing multiple locations?  Yes  No

If so, how many? \_\_\_\_\_

Will all locations have access to the completed reports?  Yes  No

If yes, please attach a complete list of all locations with the names of those authorized to request and receive this information.



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## APPLICATION FOR SERVICE

Business Name: \_\_\_\_\_  
Alternate Name(s): \_\_\_\_\_

Federal Tax Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is your business listed in the:  Yellow Pages  White Pages  Neither  
What type of product or service does this business provide? \_\_\_\_\_

Number of years in business: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Does anyone reside at this address:  Yes  No

Are there any other businesses at this address:  Yes  No

If yes, name of business: \_\_\_\_\_

Prior location if moved in the last 5 years:  
\_\_\_\_\_

Parent Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord or Mortgagor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Banking Reference: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Vendor References:

1. \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. \_\_\_\_\_ Phone Number: \_\_\_\_\_



## SUBSCRIBER CERTIFICATION FOR USE OF CONSUMER REPORTS

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In compliance with the Fair Credit Reporting Act (FCRA), its amendments and applicable laws or regulations, the employer/subscriber certifies that these provisions, rules, regulations and laws will be complied with in full.

1. The employer/subscriber will ensure that prior to the procurement of a Consumer Report for employment purposes that:
  - a) A clear and conspicuous disclosure has been made, in writing, to the consumer at any time before the report is procured or caused to be procured, in document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes and
  - b) The consumer has authorized, in writing, the procurement of the report by the Subscriber/employer.
2. In using Consumer Reports for employment purposes, before taking any adverse action based in whole or in part on the report, the Subscriber/employer shall provide to the consumer to whom the report relates:
  - a) A copy of the report; and
  - b) A description, in writing of the rights of the consumer.
3. The information from the Consumer Report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

Subscriber/employer hereby acknowledges receipt of the Summary of Consumer Rights and agrees to abide by the enclosed provisions this date. Signing this document in no way binds the Subscriber to exclusive use of the Kress Employment Screening services.

\_\_\_\_\_  
Subscriber Company Name

\_\_\_\_\_  
Subscriber Representative Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Subscriber Representative Name Printed