

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 Access: <input type="checkbox"/> Full Access: Order & receive all test results <input type="checkbox"/> Order only; cannot receive test results	Screening Clients (Background Checks, Drug Testing) <input type="checkbox"/> Full Access: Order & view all 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 Access: <input type="checkbox"/> Full Access: Order & receive all test results <input type="checkbox"/> Order only; cannot receive test results	Screening Clients (Background Checks, Drug Testing) <input type="checkbox"/> Full Access: Order & view all 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 Access: <input type="checkbox"/> Full Access: Order & receive all test results <input type="checkbox"/> Order only; cannot receive test results	Screening Clients (Background Checks, Drug Testing) <input type="checkbox"/> Full Access: Order & view all 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 Access: <input type="checkbox"/> Full Access: Order & receive all test results <input type="checkbox"/> Order only; cannot receive test results	Screening Clients (Background Checks, Drug Testing) <input type="checkbox"/> Full Access: Order & view all 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.