

Form of Company: Corp _____ LLC _____ Sole Proprietorship _____ Other _____

Owner Name(s): _____

Company Name: _____

Address: _____
Street Suite # City State Zip

Website or Email Address: _____

TIN / UBI #: _____ Date Established _____

Sole Proprietors Only: Social Security Number: _____
(if established 1 year or less, a Consumer Credit Report may be required)**PLEASE PROVIDE A CURRENT COPY OF YOUR LICENSE**Permissible purpose the reports will be used for: **Employment Screening** _____ **Tenant Screening** _____

Type of Business: _____

Estimated number of reports per month: (Just an estimate) _____ Number of employees with access to reports: _____

Information will be accessed: Locally _____ Regionally _____ Nationally _____

PaymentsFax _____ Email _____ Postal Service _____ **Invoices are sent on the first of each month and due within 30 days of receipt. Late fees apply.**

Fax #: _____ Email: _____ Contact: _____

PO Box: _____ Phone: _____

To pay by credit card please contact office at (253)588-1863 or (877)577-1863**Accessing Credit Reports**

_____ The above referenced Company, Owner, or Rental Entity is requesting access to Consumer Credit Reports. We/I understand that an on-site inspection will be performed at the physical location of the office referenced above, and any and all other office locations receiving Consumer Credit Reports. The purpose of the inspection is to verify location of business/home office and that the guidelines required by Clearstar Logistics, Inc. are met. We/I further understand there may be additional inspections. Accurate Screening is located in Washington State, Pierce County. Inspection fees vary and are based off of location. We/I acknowledge that We/I are obligated to pay inspection fee regardless of a pass or fail result of inspection.

_____ The above referenced Company, Owner, or Rental Entity **does not wish** to schedule an on-site inspection and We/I understand that without an on-site inspection We/I **do not have access to Consumer Credit Reports.**

DATE: _____**DATE:** _____1. _____
Authorized Signature2. _____
Authorized Signature_____
Printed Name_____
Printed Name

