

NEW CLIENT SETUP FORM

Please Complete and FAX to 800-844-2722

Company Information:

Company Name _____

Other Trade Names _____

Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Contact: _____ Billing Contact _____

Billing Contact Email Address for Notification of Account Information _____

Type of Business in the State of _____ Corporation _____ Partnership _____ Sole Proprietor _____

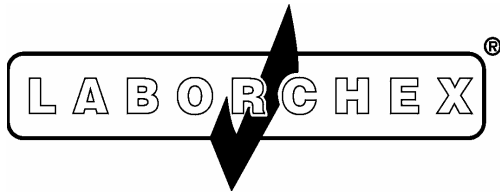
Phone _____ FAX _____ Email _____

Number of Employees _____ Approximate Employee Turnover Rate _____%

Employment Screening Services:

We expect to order the following Employment Screening Services:

Screening	Number Of Orders Per Year
Previous Employment Verifications	_____
Education Confirmations	_____
Professional License & Credential Checks	_____
Personal and/or Professional References	_____
Federal Criminal Records	_____
Criminal Records	_____
Driving Records	_____
Employment Credit Reports	_____
Social Security # Validation & Address Search	_____
D.O.T. Screening For Commercial Drivers	_____



Ordering/Result Reporting Details (check all that apply):

Ordering EMPLOYMENT SCREENING:

- We will order screening via the LABORCHEX website
- We will FAX orders
- We will Mail orders

Receiving/Reviewing EMPLOYMENT SCREENING Results:

- We will check the website
 - Email results to persons indicated below
 - FAX results to persons indicated below
- ** CALL before FAXing

Employment Screening Contacts:

Name of person(s) who can **Submit Orders AND Get Results:**

Name: _____ Email: _____ Phone: _____ FAX: _____
Order ___ Get Results ___ Both ___

Name: _____ Email: _____ Phone: _____ FAX: _____
Order ___ Get Results ___ Both ___

Name: _____ Email: _____ Phone: _____ FAX: _____
Order ___ Get Results ___ Both ___

Name: _____ Email: _____ Phone: _____ FAX: _____
Order ___ Get Results ___ Both ___

Name: _____ Email: _____ Phone: _____ FAX: _____
Order ___ Get Results ___ Both ___

(please use a separate sheet for additional names)