

Advanced Reporting

P.O. Box 12398 ■ Salem, OR 97309
503.375.0451 ■ Toll Free 1.888.375.0451
Fax 503.364.0195 ■ Toll Free Fax 1.877.450.2774
www.advrep.com

Professional Background Screening Services

BACKGROUND SCREENING AUTHORIZATION

I understand that Advanced Reporting will be preparing a business report and my consumer and/or investigative consumer report* on behalf of _____ in connection with a business transaction. I understand that this report may include but is not limited to credit history, criminal and civil court records, educational and professional credentials and personal and professional references. I understand this information may come from public or private sources and may contain information regarding my character, experience and work habits.

I authorize all such persons or entities that may possess said information regarding the business and myself as a principal of the business listed below, to release the same to Advanced Reporting in order to complete said report. This authorization shall be valid as of the date below and shall continue for the duration of the business agreement. I further understand that use of a photocopy of this form may be necessary to complete this report. I authorize that use, and request that such a copy be honored fully.

Business Name: _____

Business Phone: _____ Tax ID: _____

Business Address: _____

Business City: _____ State: _____ Zip: _____

Principal's Name: _____ Title: _____

SSN: _____ - _____ - _____ Date of Birth: _____ Driver's License: _____

Home Address: _____

Home City: _____ State: _____ Zip _____

I certify that the facts and information in this form and any attachments are true and complete to the best of my knowledge.

Principal's Signature: _____ Date: _____