

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

CLIENT APPLICATION

Important: All information must be completed in its entirety. Please type or print clearly and legibly to help assure accurate and timely processing.

APPLICANT PROFILE

Business Name: _____

EIN: _____

Current Address (street): _____ **Current Address** (mailing): _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Prev. Address: (street) _____ City: _____ State: _____ Zip: _____

How Long at Current Address?: _____ How Long in this Business?: _____

Type of Business: (describe types of services rendered/products sold) _____

Estimated Number of Reports per Month: _____

Is Applicant Business Licensed?: **Yes** _____ **No** _____ Type of Business License: _____

Issuing Agency: _____ Date Issued: _____ Lic. #: _____

AFFILIATED/PARENT COMPANY

Affiliated/Parent Company Name: _____

Contact Name: _____

Title: _____ Phone Number: _____

Company _____

Address: (street) _____ City: _____ State: _____ Zip: _____

Is applicant doing business under other name(s)?: **Yes** **No**

If yes, please attach a complete list including the address(es) and names of managers of those organizations.

ORGANIZATIONAL STRUCTURE

Type of Entity: Sole Proprietor Partnership Corporation Limited Liability Corp.

Other (identify): _____

PRINCIPALS (Owners, Partners, Corporate Officers, or Limited Liability Corp. Managers/Principal Members)

Name: _____ Name: _____

Title: _____ Title: _____

Date of Birth: _____ Date of Birth: _____

BANK REFERENCE (Name of bank which maintains business checking account)

Bank Name: _____

Business Checking Account Number: _____ Phone: _____

Address:(street) _____

City: _____ State: _____ Zip: _____

COMPANY CONTACT

Name: _____

Title/Position: _____

Phone: _____

Email: _____

PRINCIPAL OF THE COMPANY

I certify that I am a principal of the applicant company and have vested in me the authority to submit this application to Advanced Reporting. I further certify that the above and any attached information and documents are accurate. I hereby authorize the above references to release information to Advanced Reporting. I understand that the information provided below will be used to obtain a consumer credit report, and my personal creditworthiness may be considered when making a decision to grant the applicant business an account with Advanced Reporting.

Principal: _____

Title/Position: _____ Phone _____

Soc. Sec. No. _____ Date of Birth _____

Residence Address:(street) _____

Home Phone _____ City: _____ State _____ Zip: _____

Signature: X _____ Date: _____

FOR ADVANCED REPORTING USE ONLY

Date Received: __ / __ / __ Date Credit Report(s) Requested: __ / __ / __ Date References Checked: __ / __ / __

Date Action Taken On Application: __ / __ / __ Action Taken: Approved Declined

Application Processed By: _____