

## **Background Check Order Form**

Subject Information				
(Please complete as much information	as possible)			
Name:		Date of Birth/Approx Age:		
Maiden/AKA:	Social Se	curity #:		
Current Address:	Gender: _			
Phone (H):	Phone (W	/):		
Employer/Occupation:				
Additional Info:				
Services Requested				
☐ Bronze Package	☐ Silver Package	☐ Gold Package		
**Additional Searches				
(The below can only be ordered as a sup	pplement to a package chosen above)**	:		
National Federal Criminal R	Records Check			
County-Level Criminal Reco	ords Check (per name/per county)			
Name:	County:_	Sta	te:	
County-Level Civil Records	Search (per name/per county)			
Name:	County:_	Sta	te:	
Marriage Records Na	me:	Sta	ite:	
Divorce Records Na	me:	Sta	ite:	
Name, E-mail, and Phone T	race History (E-Mail Address):			
Disclaimer				
All of our services are investigative, by nature the accuracy of the information we retrieve no provided herein. Information is derived from digranting, credit extension, eligibility for employ legitimate, lead, and information purposes on aggressively pursue criminal and legal action state and federal laws. There are no refunds of I certify that I am at least 18 years old and have	or shall we be liable for any losses or injuries latabases and public records. In accordance byment, or tenant screening purposes under ly. We have zero tolerance of any clients mi against anyone found to be utilizing our se conce services are ordered, as searches are	s now or in the future resulting from or e with FCRA, any information found me er any circumstance. Therefore, all se isusing our services and/or misreprese rvices for stalking or harassing purpose often commenced at the time of orde	relating to the information ay NOT be used for creditarvices must be utilized for enting themselves. We wases, as defined by existing	
Client				
Name:	Phone:	Method of Delivery:	Method of Delivery:	
Fax:	Email:	Attn:	(lax of efficient)	
Address:				

Date: \_\_

Signature: \_\_\_\_



## A Division of Ekeholm and Associates, LLC

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(Phone): 877-219-0732 (Fax): 800-760-4361
State of Georgia PI License #PDC001919
www.screensafecheck.com

Credit Card Authorization			
Name:			
Address: City/			
Phone:			
Credit Card Information			
Credit Card Information			
Name as it appears on card:			
Type of card: ☐ Visa ☐ MasterCard ☐ Ame	rican Express		
Credit Card #:   _    CVV #      Expiration Date:  _  /     CVV #			
Credit Card Billing Address			
I authorize Ekeholm and Associates, LLC to process a charge on tand certify that I am the above cardholder and at least 18 years of			
Client Signature:	Date:		

\*\*\* Please Complete, Sign, Print, and fax both pages to (800) 760-4361 \*\*\*