



DateSafe™ Background Check Order Form

Subject Information: (Please PRINT and complete as much as possible)

Name: _____ Date of Birth: _____

Maiden/AKA: _____ Social Security #: _____

Current address: _____ Gender/Race: _____

_____ Phone (H): _____

Employer/Occupation: _____ Phone (W): _____

Additional Info: _____

Services Requested: _____ Bronze Package _____ Silver Package _____ Gold Package

****Additional Searches (the below can only be ordered as a supplement to a package chosen above)****

_____ On-Site County Criminal Records Check (per name/per county)

Name: _____ County: _____ State: _____

_____ Marriage Records: Name _____ State: _____

_____ Divorce Records: Name _____ State: _____

_____ Name, E-mail, and Phone Trace History (E-Mail Address): _____

_____ On-Site Civil Record Search - (fee is per name/ per court)

Name: _____ County: _____ State: _____

Products:

_____ Check Mate Semen Detection Kit (KT100)

_____ Air Purifier Camera

_____ Saliva Multi Drug Test Kit (KT200)

_____ Alarm Clock/Radio Camera (C1230)

DISCLAIMER

All of our services are investigative, by nature, and subject to human error and/or data entry and therefore we make no warranties or guarantees as to the accuracy of the information we retrieve nor shall we be liable for any losses or injuries now or in the future resulting from or relating to the information provided herein. Information is derived from databases and public records. In accordance with FCRA, any information found may NOT be used for credit granting, credit extension, eligibility for employment, or tenant screening purposes under any circumstance. Therefore, All services must be utilized for legitimate, lead, and information purposes only. **We have zero tolerance of any clients misusing our services and/or misrepresenting themselves. We will aggressively pursue criminal and legal action against anyone found to be utilizing our services for stalking or harassing purposes, as defined by existing state and federal laws.** There are no refunds once services are ordered, as searches are often commenced at the time of ordering. By signing the below, I certify that I am at least 18 years old and have read and fully understand the terms of service pursuant to this Agreement.

Client:

***** Please Complete, Sign, Print, and fax to 877-219-0732 *****

Name: _____ Phone: _____ Method of Delivery (fax or e-mail): _____

Fax: _____ E-Mail: _____ Attn: _____

Address: _____

Signature: _____ Date: _____



Post Office Box 4561
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Phone: 877-219-0732 Fax: 877-219-0732
State of Georgia Private Detective License #PDC001919
E-mail: info@screensafecheck.com
www.screensafecheck.com

Credit Card Authorization

Name: _____
Address: _____ City/State/Zip: _____
Phone#: _____
Account Type:
Individual _____
Business _____

Credit Card Information

Name as it appears on card: _____
Type of card (VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS):

Credit Card #: _____
Expiration Date: ____/____/_____
On the back of your card, in the signature block, your credit card# is followed by 3 numbers- they are: _____

I authorize Ekeholm and Associates, LLC to process a charge on the above account as payment for services rendered and certify that I am at least 18 years old:

Signature of Client and Date