Client Data Profile
Background Check 21 Program

Please read and complete this form and return to Private Eyes. Incomplete or invalid entries will delay the approval process and may cause rejection of service.

BUSINESS INFORMATION

Business Name of User: ____________________

Business Type: ☐ Corporation ☐ Partnership ☐ LLP ☐ LLC ☐ Sole Proprietor ☐ Government

Address: ____________________
Street City State Zip

Primary Contact Name: ____________________
First Last Title

Phone #: (_____) ____________ **Fax #:** (_____) ____ **E-mail:** ____________

Billing Contact Name: ____________ **Phone #:** (_____) ____________

Billing E-mail: ____________________

Please describe your company's business: ____________________

1. Please select the appropriate background check package from the options below:

- o BC # 21A – Dishonesty Offenses
- o BC # 21B – Violent Offenses
- o BC #21C – Dishonesty and Violent Offenses

Please provide an estimate of current employees who will be undergoing the BC#21 Program :____________

Please identify two principals (owners) of your business if privately owned:

NAME	TITLE	PHONE

ACCOUNT SET-UP SPECIFICATIONS

Service Type: ☐ Background Check ☐ Drug Screening/Physical ☐ Driver Qualification File Maintenance ☐ Applicant Tracking System

Tax Information: ☐ Your Federal Tax I.D. Number____________OR SSN____________(if applicable)

Billing Preference: Invoiced - Due Upon Receipt
Autopay Invoice - Credit Card

Payment Preference: Check ACH
Credit Card Other

Disclaimer: Private Eyes Screening Group will collect bills, outstanding 30 days or more, automatically using the credit card on file.

User certifies that the "Master Service Agreement (MSA)" has been read and agreed to as written.

X____________________

User's Authorized Signature **Title** **Date**

____

Private Eyes Screening Group Authorized Signature **Title** **Date**

Private Eyes Screening Group 9080 Double Diamond Parkway Unit C, Reno, NV 89521 Phone (925) 927-3333 Fax (925) 927-3330

CREDIT CARD AUTHORIZATION FORM

9080 Double Diamond Pkwy Unit C
Reno, NV 89521
Telephone: 925-927-3333

For any questions regarding billing, please email:
accounting@pebackgroundchecks.com

PLEASE SELECT TYPE OF PAYMENT (CHECK ONE):

RECURRING		**ONE TIME ONLY**		**KEEP ON FILE**	

I (name)__________________________________authorize Private Eyes Screening Group to process payment for the total monthly balance due on the account listed using the credit card information provided below.

TITLE: ___________________________________

DATE: ___________________________________

COMPANY NAME: ____

TYPE OF CARD: _________________________________

CARD NUMBER: ____

EXP. DATE: ______________________________

SECURITY CODE: ________________

BILLING ZIP CODE: _______________________

CARDHOLDER NAME: ____

CONTACT EMAIL ADDRESS: ____
Credit card transaction receipts will be sent to the above email address.

If Recurring is selected, payments will be processed on the 15th day of the month. If the payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until it is canceled in writing. I agree to notify Private Eyes Screening Group immediately of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company provided the transactions correspond to the terms indicated in this authorization form. My initials below indicate I have read and understand these terms.

Initials ________