



NEW CLIENT APPLICATION

Return via email to chris@thirdvisionbackgrounds.com

Client Name- _____

Business Name- _____

Type of Business Entity- ___ Corp ___ LLC ___ Partnership ___ Sole ___

Business Address _____

City _____ **State** _____ **Zip** _____

Billing Email Address _____

Send Completed Reports to the Attention to _____

Phone _____

Email Address _____

Tax ID# _____

Nature of Business _____

Specific Purpose for which reports will be utilized- _____ **Pre-Employment Screening** ___ **Tenant Screening** _____ **Other Specify** _____

Does your organization have a website? ___ **Yes** ___ **NO** ___

Website Address _____

SECTION B (Primary Website User)

Name _____

Email Address _____

Desired User name _____

Desired Password must be 6-10 alpha-numeric characters _____

Section C

I certify that I am a duly authorized representative of the company applying for service with Third Vision Background Searches and that all the information provided is true and correct to the best of my knowledge. I authorize Third Vision Background Searches & Consulting and/or its affiliates to verify the information provided including bank/trade references.

Signature _____

Title _____

Date _____

**Third Vision
Background Searches & Consulting
500 N. Michigan Ave Suite 600
Chicago, Illinois 60611
312-396-4002 or 815-669-0556
chris@thirdvisionbackgrounds.com
www.thirdvisionbackgrounds.com**