



3 WEST OLD STATE CAPITOL PLAZA, SUITE 10, SPRINGFIELD, ILLINOIS 62701
(PHONE) 217.753.4311 (FAX) 217.753.3492

WWW.IDENTI-CHECK.COM
INFO@IDENTI-CHECK.COM

SUBSCRIBER APPLICATION

Please complete this form, execute the Subscriber Agreement and fax both to 217-753-3492.

Company Information

Company Name: _____

Branch/Division Name: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Contact: Name: _____ Title: _____

Telephone: () _____ Fax: () _____

e-mail: _____

Number of employees: _____

Number of estimated hires next two months: _____

Number of estimated hires next 12 months: _____

Type of business: _____ Years in business: _____

Website address: _____

Type of company: (check one) Corporation____ Partnership____ Sole Proprietor____

State of incorporation: _____

Owners and/or Executives of Company:

1. Name: _____ Title: _____

2. Name: _____ Title: _____

How did you hear about Identi-check, Inc.?

Illinois State Chamber of Commerce _____ Illinois Manufacturers' Association _____

Customer Referral _____ Internet _____ Sales Call _____



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Financial Information

Credit Application

Identi-check will invoice all customers monthly, via the method checked below. Terms are Net 15 days. The first invoice will include a \$30.00 application fee.

Person Responsible For Payment Approval:

Name _____ Telephone _____
e-mail _____ Fax _____

Accounts Payable Contact:

Name _____ Telephone _____
e-mail _____ Fax _____

Invoice Delivery Method: e-mail _____ Fax _____ Mail _____

By submitting this application, applicant warrants that all information provided by Identi-check, Inc. will be used only for employment screening purposes. Applicant further authorizes Identi-check, Inc. to verify all information provided on this application. All invoices must be paid on time each month, or service will be subject to termination until payment is received.

Authorized Applicant Representative:

Signature: _____ Date: _____

Printed Name: _____ Title: _____



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SUBSCRIBER AGREEMENT

IDENTI-CHECK, INC. agrees to provide a report on each employment candidate as requested by the client. IDENTI-CHECK, INC. will use repositories to gather this information and will supply the data to the client in report form. Please be advised that once the information is furnished to the client, it is no longer in the control of IDENTI-CHECK, and the use of the information becomes the responsibility of the client. Accordingly, by signing below, the client company agrees that it will defend, indemnify and hold IDENTI-CHECK, INC. harmless for any and all legal actions, losses, claims, demands, liabilities, causes of action, costs or expenses imposed upon IDENTI-CHECK, INC. as a result of the use or misuse of any information by the client, its employees, agents or representatives supplied by IDENTI-CHECK, INC.

Understand that if the client is using the services of IDENTI-CHECK on-line, the signed original of the Candidate Agreement MUST be retained at the client's place of business.

Pre-employment screening services will be billed at the prices outlined in the Price Structure section of the IDENTI-CHECK web site and under the terms stated, unless a special volume agreement is entered into between the client company and IDENTI-CHECK, INC. Although due diligence will be used in obtaining pre-employment screening data, IDENTI-CHECK, INC. must rely on secondary sources and, therefore, charges are for each search undertaken without regard to the content of the report produced.

Please provide authorization to proceed and agreement to the terms and conditions set forth in this letter as indicated by your signature below and return this document to IDENTI-CHECK, INC. by fax at 217-753-3492.

AUTHORIZATION TO PROCEED:

Authorized Representative of Client Company:

Signature

Name Printed

Title

Date

Company Name

Company Address

City, State, Zip Code

FEIN Number