



REQUEST FOR SUBSCRIBER CODE

***ALL FIELDS MUST BE FILLED OUT**

****PLEASE NOTE: Only the products checked on this form will be validated, if you need to add additional products, please contact us to update this form.**

*Reseller Name & Subscriber Code: TeamScreen 0703 Z6548353

*Permissible Purpose: Pre-employment Screening

*End User Name:

*End User Physical Address:

*End User Phone # & Contact Name:

*End User Nature of Business:

TU Products: **Only the products checked on this form will be validated

| Model #: | Product | Activate | Key-word Driven |
|----------|---------------------------------|----------|-----------------|
| 06000 | Employment Credit Report (Peer) | X | N/A |
| 07007 | Credit Summary | X | N/A |
| AAAAA | TU Net Access | X | N/A |
| | | | |
| | | | |

Please e-mail or fax this sheet back to us at: bswolfe@teamscreen.biz or 913-663-2901 at your earliest opportunity with the subscriber code for our client.

If you have any questions regarding this request, please call Starr Wolfe at 913-663-2900, ext. 25.

Please complete all sections of this form except the Subscriber Code/Password areas and fax Attention: Sales Support at 714-940-4284, or you may e-mail to ResellerRqst@transunion.com
Trans Union Customer Support Center phone # is 800-606-5104.

To be completed by TransUnion Customer Support

SUBSCRIBER CODE ASSIGNED: PASSWORD:



TeamScreen Solutions LLC

New Account Set-Up Form

Date: _____

Please take a moment to fill out this form so that we may properly set up your account for credit reports.

Company Name: _____

DBA: _____

Corporation Partnership Sole Proprietorship Limited Liability Corporation

Years in Business: _____ Nature of business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Web Site Address: _____

Business Owner/Main user contacts:

Name: _____ Tel and Ext: _____ Email: _____

Name: _____ Tel and Ext: _____ Email: _____

Accounts Payable Contact:

Name: _____ Tel and Ext: _____

Title: _____ Email: _____

Tax ID#: _____ License # (if applicable): _____

Bank Information:

Name of Bank _____ Address _____

Bank Phone Number _____

Business Checking Account Information:

Name of Account _____ Account Number _____

Business References: (Provide three references)

1) Business Name: _____ Bus. Phone _____

Contact Name: _____

2) Business Name: _____ Bus. Phone _____

Contact Name: _____

3) Business Name: _____ Bus. Phone _____

Contact Name: _____

Terms of Acceptance:

Customer hereby warrants that the representations herein made are true and correct and that they are made for the purpose of inducing this company to provide service and extend credit to the undersigned. Terms of payment are Net 15. In the event invoices are not paid when due, interest may accrue on the unpaid balance at the rate of 1.5% per month or the maximum allowed by law on any remaining balance. Should legal action be required to enforce payment of any amounts due, customer agrees to pay reasonable attorney fees allowed by law. I (we) certify that the above information is true and correct, and that I (we) are authorized to act on the Customer's behalf. I (we) hereby authorize you or your agent to investigate the references or other data furnished by me or by any other person regarding my credit responsibility, if this application is accepted.

1. Print name: _____ Title: _____

Signed: _____ Date: _____

2. Print name: _____ Title: _____

Signed: _____ Date: _____

**Please fax completed form to
DataTrace Online, Inc. at (801) 253-2478**



TeamScreen Solutions LLC

12980 Foster Street, Suite 380, Overland Park, KS 66213
Tel: 913- 663-2900 Fax: 913-663-2901

Bank Account Verification Authorization

I give TeamScreen Solutions LLC permission to request business checking account information on the account listed below as part of their account establishment due diligence process.

Signature: _____

Date: _____

Title: _____

Customer Name _____

Address _____

Name of Bank _____ Address _____

Bank Phone Number _____

Business Checking Account Information:

Name of Account _____

Account Number _____

Bank Verification Information:

Date Account Opened _____

Customer's nature of business _____

Average daily balance _____

Verified by _____

Date _____

Please fax signed authorization to 801-253-2478



**12980 Foster Street, Suite 380, Overland Park, KS 66213
Tel: 866-367-8555 Fax: 913-663-2901**

Subscriber Credit Report Agreement

1. TeamScreen Solutions LLC ("TSS") has access to consumer reports from one or more consumer credit reporting agencies.
2. Subscriber is a _____ and has a need for consumer credit information in connection with the evaluation of individuals for employment, promotion, reassignment or retention as an employee ("Consumer Report for Employment Purposes").
3. Subscriber shall request Consumer Report for Employment Purposes pursuant to procedures prescribed by TSS from time to time only when it is considering the individual inquired upon for employment, promotion, reassignment or retention as an employee, and for no other purpose.
4. Subscriber certifies that it will not request a Consumer Report for Employment Purposes unless:
 - A. A clear and conspicuous disclosure is first made in writing to the consumer by Subscriber before the report is obtained, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes;
 - B. The consumer has authorized in writing the procurement of the report; and
 - C. Information from the Consumer Report for Employment Purposes will not be used in violation of any applicable federal or state equal employment opportunity law or regulation.
5. Subscriber further certifies that before taking adverse action in whole or in part based on the Consumer Report for Employment Purposes, it will provide the consumer:
 - A. A copy of the Consumer Report for Employment Purposes; and
 - B. A copy of the consumer's rights, in the format approved by the FTC, which notice shall be supplied to Subscriber by TSS.
6. Subscriber agrees that it shall use Consumer Report for Employment Purposes only for a one-time use, and to hold the report in strict confidence, and not to disclose it to any third parties not involved in the current employment decision.
7. Subscriber will maintain copies of all written authorizations for a minimum of five (5) years from the date of inquiry.
8. With just cause, such as delinquency or violation of the terms of this contract or a legal requirement, or a material change in existing legal requirements that adversely affects Subscriber's Agreement, TSS may, upon its election, discontinue serving the Subscriber and cancel this Agreement immediately.

Company Name

By: _____

Name: _____

Title: _____

Date: _____

TeamScreen Solutions LLC

By: _____

Stephen P. Wolfe

Title: President

Date: _____

Please fax signed agreement to 801-253-2478