

Print This Page

**Thank you for taking the time to complete our online membership application.  
Once you have completed the Final Step, we will set up your account ASAP.**

**Questions or Comments?**

**949-215-0180**

**9:00 AM - 5:00 PM PST**

**Monday - Friday**

**Final Step**

**Employee Screening**

To complete the application approval process, please FAX the following documents to

Fax: 949-215-0181

or you may send scanned documents via email to

[membership@clearscreening.com](mailto:membership@clearscreening.com).

**Once we receive the following items, it may take up to 1 full business day to set up your account. You will be notified by email once your account is set up. Thank you.**

**1. Please include ALL of the following:**

- Copy of voided business check or deposit slip
- Copy of business license or articles of incorporation

**2. Please include a copy of your most recent phone bill. Page must include company name, address, and telephone number.**

**3. Please include a completed and signed copy of the attached "LETTER OF INTENT" on your company letterhead.**

**LETTER OF INTENT**

**Please answer the following questions:**

**What is the nature of your business:**

---

---

**For what purpose will you use the credit report(s) ordered?**

---

---

**How many credit reports do you anticipate ordering each month? \_\_\_\_\_**

**How many credit reports do you anticipate ordering each year? \_\_\_\_\_**

**Will your access to the credit reports be for local reports? \_\_\_\_\_**

**Will your access to the credit reports be for regional reports? \_\_\_\_\_**

**Will your access to the credit reports be for national reports? \_\_\_\_\_**

**Subscriber:**

**Company/Landlord Name: \_\_\_\_\_**

**Office/Owner/Partner Signature: \_\_\_\_\_**

**Authorized Managers Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**4. Due to recent changes in credit bureau policies, an on-site inspection by a certified inspector is now required. Please send a check for \$75.00 payable to ClearScreening to the address given below, or check the appropriate box on the credit card authorization form (item #6 on the following page) to have this charge applied to your credit card. We will have the inspection company contact you to set up an inspection time once we have received payment.**

**The inspector will be viewing your business location to confirm that it adheres to the following guidelines:**

- **Office is in commercial setting, or if in residence, must have separate entrance and area from living space**
- **Office-appropriate furniture - filing cabinets, desk, etc.**
- **Signage and stationary with company name**
- **Exclusive phone number for business**
- **Company/prospective member cannot be involved in the following activities: Investigative/Detective Agency, Pawn Shop, Credit repair/Credit Counseling, Attorney, Check Cashing, News agency or journalist, Process Server, or Bail Bond Company.**
- **Pictures of outside as well as interior of office location will also be taken during inspection.**

**Please note that the inspection can take 3-7 business days; we will not be able to process your account until the inspection report is received.**

**5. As of December 1st, 2008, all users will be required to annually complete an online FCRA (Fair Credit Reporting Act) training course for which there is a \$30 compliance fee. This course reviews the laws governing the proper handling of consumer information in accordance with the Fair Credit Reporting Act and provides you with an opportunity to learn how to reduce the amount of risk you're exposed to when dealing with such sensitive information. The fee will be charged at the time of sign-up and you will have 90 days to complete the 30 minute course at your convenience. As a thank you for your patronage and for completing the required course, ClearScreening will credit your account with one free Credit Report.**

**6. Please print, complete and sign the following form for Credit Card Billing:**

**By signing this form, I authorize ClearScreening to charge the specified card for compliance fees and services rendered.**

**Name on Credit Card:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Credit Card CVV #:** \_\_\_\_\_ (AMEX-4 digit code on front above card #; ALL OTHERS-3 digit code on back after card #)

**Credit Card Type:** \_\_\_\_\_

**Credit Card Expiration Date:** \_\_\_\_\_

**Billing Address (if different than on application):**

\_\_\_\_\_

\_\_\_\_\_

**Credit Card Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**[ ] Mark this box if you would also like to have the \$75.00 fee for on-site inspection applied to this card (see #4 on previous page for more information). Please also initial here to confirm your request for an on-site inspection \_\_\_\_\_.**

**7. Please print, complete and sign the following form to indicate your agreement to membership terms:**

**By signing this form, I agree to the terms and conditions listed in the ClearScreening.com Membership Agreement.**

**Customer Name:** \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**TO BE COMPLETED BY CLEARSCREENING ONLY:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**8. Please fax, email, or mail all above required materials to:**

ClearScreening  
28 Argonaut, Suite 140  
Aliso Viejo, CA 92656  
Tel: 949-215-0180  
Fax: 949-215-0181  
[membership@clearscreening.com](mailto:membership@clearscreening.com)

Print This Page

**Thank you for taking the time to complete our online membership application. Once you have completed the Final Step, we will set up your account ASAP.**