

## Occuscreen, LLC: Account Update Form

Company Name:

Effective Date:

### Company Account Confirmation

Main Address: Has your main address changed?     Yes     No

Street:

City:

State:

Zip Code:

Main Contact: Has your main contact changed?     Yes     No

Name:

Email Address:

Phone:

Fax:

Billing Information: Has your billing information changed?     Yes     No

Main Billing Contact (Name):

Email Address:

Phone:

Invoices sent by:    Mail    Email

Email Address(es):

Billing Address (if different than above):

### Account Updates

Please complete the necessary information below, based on the updates needed to your account.

#### Contact Information

##### Add Contacts to Account

1. Name:

Title:

Email Address:

Receive Results:     Yes     No

Full Access to the account:     Yes     No

If no, what access should user have:

2. Name:

Title:

Email Address:

Receive Results:     Yes     No

Full Access to the account:     Yes     No

If no, what access should user have:

##### Remove Contacts from Account

1. Name:

Email Address:

2. Name:

Email Address:

## Results Delivery

Email/Website Login:

- Send results to all contacts listed above
- Send results to the following email Address(es):

\*The email addresses listed above will receive completed report notifications for all requestors on the account (unless otherwise noted).

Fax:

Secure Fax Number\*:

\*I understand and accept full responsibility for maintaining the security and confidentiality of these reports received at the above fax number.

## Additional Information

Additional Information:

\*Please list any additional account information/notes below (as needed).

## Confirmation of Changes

Please read and sign certification below.

I certify that I am a duly authorized representative of this organization, and that I have express authority to request the changes above.

By signing the form below, I hereby certify that I (as well as other users on the account):

1. Are authorized user(s) of my Company, and are viewing screening reports solely for designated purposes at my Company.
2. Information contained in these reports are for a permissible purpose as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681.
3. Comply with all applicable local, state, and federal laws and regulations relating to the use of the background information.
4. Agree to abide by all terms specified in the terms of my Company's client service agreement with Occuscreen, LLC.

**REQUIRED:** Permissible purpose in which reports will be requested (per the FCRA):

Employment     Tenant     Other (please specify): \_\_\_\_\_

**Authorized Representative Signature:** \_\_\_\_\_

*(This form must be signed by an authorized contact already listed on the Occuscreen account.)*

Printed Name:

Title: