

## Account Set Up

EIN# \_\_\_\_\_ - \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Invoices are emailed to primary contact unless alternate email is provided here: \_\_\_\_\_

**After providing business data above, please complete the applicable section(s) below and return to your Sales Executive or fax to 1-877-835-5787. Call us if we may be of assistance @ 1 800-713-3412**

### Background Screen and/or Drug Test Services

1st Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1st Contact Email: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2nd Contact Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Drug Tests** ( ) DOT ( ) Non-DOT TYPE: ( ) 9-Panel ( ) 5-Panel ( ) Other \_\_\_\_\_

### HRM

### Applicant Tracking

### Assessments

Set Up Contact Name: \_\_\_\_\_ Set Up Contact

Set Up Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Primary Contact

Primary Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Payroll Services

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Surveys (Exit Interviews, Employee Surveys, Customer Surveys)

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Legal Helpline

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Do not write below line - For SingleSource Office Use Only**

Date Submitted: \_\_\_\_\_

Sales Consultant: \_\_\_\_\_

ACT: \_\_\_\_\_

Set Up

Outlook

Credit Job #

VAR

A/M