



Employee Locator Customer Information Form and Service Agreement

Company Name: _____

Street Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact Person: _____ Email: _____

Type of Business: _____

Parent Company (If applicable): _____

Years in Business: _____ # of Employees: _____

State of Incorporation/LLC/LP/PC: _____ Year Incorporated: _____

Credit Card Information: Name on Card _____

Credit Card # _____ Exp. Date _____

How did you hear about us? _____

If you are unfamiliar with the Fair Credit Reporting Act, go to www.FTC.com for further information.

AGREEMENT: I/We understand that APSCREEN EmployeeLocator.com is in the business of selling "Consumer Reports" in the form of locating lost employees, retirement plan participants, pension plan beneficiaries, and/or current addresses for income reporting under IRS forms 1099 and/or W-2 as defined by applicable laws. I/We acknowledge that APSCREEN EmployeeLocator.com has advised us that this type of reporting falls under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act and the Gramm-Leach-Bliley Act and has directed us to the Federal Trade Commission's website at www.ftc.gov for further review so that I/We may enter into this agreement competently and with complete understanding of the applicable privacy and reporting laws governing Consumer Reports. I/We agree to use APSCREEN EmployeeLocator.com services to locate missing employees, pension plan participants, or those whom I/We hold a beneficial interest on behalf of; AND FOR NO OTHER REASON, and agree that we are the END-USER of the information and will not sell, transfer or otherwise convey the information contained within the APSCREEN EmployeeLocator.com report. I/We acknowledge that the most important part of this agreement is compliance with applicable statutes governing the use of Consumer Information, and that all good faith efforts will be employed to comply with the law, and to protect the privacy of the Consumer. I/We also agree to any and all audit procedures required by Law, or any service agreements with APSCREEN EmployeeLocator.com vendors. I/We fully indemnify APSCREEN EmployeeLocator.com for any direct, indirect, consequential or other damages as relates to our requests and/or use of these services from APSCREEN EmployeeLocator.com. Further, I/We agree to pay for all charges incurred for requested services, and agree to pay all collection costs associated with any collection attempt made by APSCREEN EmployeeLocator.com necessitated by our failure to pay. Finally, I/We understand that APSCREEN EmployeeLocator.com is a proprietary business, and that its forms, procedures, policies, methods and reports are confidential, and for the exclusive use by our subscribers only, and thus agree not to disseminate same to any unauthorized third parties without expressed written consent from APSCREEN EmployeeLocator.com.

Authorized Signature: _____ Print Name: _____

For APSCREEN by: _____ Referred by: _____

Date: _____ Assigned Account Name: _____

Please print this form & sign it. Scan & email it to locatepeople@employeelocator.com or fax to 888 277-2733.