



**Please print out this form; fill it out, sign and initial in the proper places; then scan and email or fax all necessary documentation to 3D Church Check.**

**Preferred Monthly Payment Method (Circle One):**      Credit Card      Check

**Card Type (Circle One):**      Visa      Mastercard      American Express

**Credit Card Account Number:** \_\_\_\_\_

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

**Name (as it appears on card):** \_\_\_\_\_

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

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

**In order to receive confidential credit/background information, the undersigned ("subscriber") and 3D Church Check enter into the following agreement.**

**(Initial each)**

\_\_\_\_\_ I certify that credit/background reports will be used solely for the legal "permissible purpose" specified and approved above. If credit/background history is necessary for any other purpose, 3D Church Check will be notified prior to the request. I agree to comply with all applicable Federal and State laws and regulations.

\_\_\_\_\_ I understand that 3D Church Check assumes no responsibility for inaccurate or incomplete reports and will at no time accept a request for cancellation or refund once said service(s) have been transmitted for processing.

\_\_\_\_\_ I certify that when requesting credit/background information from 3D Church Check that I have a signed authorization form that is clear and conspicuous in a standalone document for each applicant and will retain this authorization on record for a period of not less than two (2) years. At all times, I will be able to produce these authorization signatures when requested by 3D Church Check or by Subpoena. I understand that 3D Church Check reserves the right to randomly check these authorization waivers to assure compliance with FCRA requirements.

\_\_\_\_\_ I agree to hold all Credit/Background information as confidential and not to disclose Credit/Background information in whole or in part except for those required by law. I agree not to alter the content, sell or give away Credit/Background Reports obtained from 3D Church Check and comply with the Fair Credit Reporting Act. I agree to provide to the applicant any information as well as a copy of the background report that was used in determining adverse action in employment. I also agree to provide them a copy of their rights as required by the

FCRA. I understand that 3-D reserves the right to inform the applicant that a background report has been sent to my company if deemed necessary, in compliance with the FCRA.

\_\_\_\_\_ I understand that violation of the Fair Credit Reporting Act may constitute a punishable Federal offense and that other Local, State and Federal laws may govern my access and use of credit/background information. 3D Church Check may terminate my access to Credit/Background information without notice.

\_\_\_\_\_ 3D Church Check agrees to use its best efforts to gather information from sources deemed reliable and to report information accurately. I agree that under no circumstances will 3D Church Check. be liable for errors or omissions or for any consequential damages however arising including damages arising from the use or misuse of credit/background information. I agree to indemnify 3D Church Check and hold 3D Church Check, harmless from any claims that may arise from the information released. 3D Church Check will furnish credit/background reports solely based on that indemnification. 3D Church Check does not recommend or make any credit granting decisions.

\_\_\_\_\_ I accept that all payments to 3D Church Check will be due upon receipt of their invoices and that 3D Church Check reserves the right to charge a \$10.00 late payment fee as well as 1.5% a month if payment is not received by 30 days from the invoice date. A late payment fee notice will be sent at that time and if payment is not received within 7 business days from the date of that notice your access to our services will be temporarily suspended until such payment is received. Balances of 30 days or more may be subject to payment from a secured credit card. I also agree to pay collection costs and attorney's fees in the event of default of this agreement.

\_\_\_\_\_ This agreement shall continue in force without any fixed date of termination. This agreement shall not be altered, varied or enlarged upon by any verbal promises, statements or representations not expressed herein. This agreement shall be interpreted in accordance with the laws of the State of Florida.

**Name of Company:** \_\_\_\_\_

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

**Print your name and title clearly:**

\_\_\_\_\_

**This application is not complete unless it is accompanied by at least one of the following supporting documentations:**

**Company accounts must submit one of the following:**

A Business License, A State Registered License, A Real Estate License, a Business Tax Statement.

**OR:**

A Business Tax ID, FIN, EIN, SSN or applicable ID \_\_\_\_\_

**3D Church Check**

Mailing Address: P.O. Box 3063 | Ocala, Florida 34478

Phone: (352) 622-6486 or (866) 293-6486 - Fax: (407) 540-9350

Email: info@3dchurchcheck.com