CONFIDENTIAL

Background Check Authorization

Print Name: (First)	(Middle)		(Last)		
Former Name(s) and Dat		,	(2007)		
Current Address Since:	_		-		
ourient / tudious ouries.	(Mo/Yr)	(Street)		(City)	(Zip/State)
Previous Address From:	(M-0/-)	(044)		(Cit.)	/7:-/0t-t-)
	(Mo/Yr)	(Street)		(City)	(Zip/State)
Previous Address From:	(Mo/Yr)	(Street)		(City)	(Zip/State)
Social Security Number:			Date of Birth:		
·					
Telephone Number:					
Drivers License Number/	State:				
The information contained in the Billing Plus, Inc. and its design my background causing a consemployment and/or volunteer investigative consumer report a security number; current an character references; drug test any or all federal, state, county	nated agents sumer report r purposes. may include, d previous ting, civil and	and representa and/or an investand I understand but is not limite residences; en criminal histor	atives to condustigative consuments that the scool of the following ployment his precords from	uct a comprehens imer report to be ope of the cons ving areas: verifica story, education any criminal just	sive review of generated for sumer report/ ation of social background, ice agency in
I further authorize any individ Security Administration and la written, pertaining to me, to B any records or data pertaining may have, to include information	aw enforceme illing Plus, In to me which	ent agencies) t c. or its agents the individual,	o divulge any I further aut company, firm	and all informati horize the comple	ion, verbal or ete release of
Signature:				Date:	

^{**}Billing Plus Inc. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.