



Referred by:



NEW CLIENT SETUP FORM

Please complete the following required forms and scan and email to: customerservice@laborchex.com or FAX to 800-844-2722

Client Information:

Company Legal Name _____

Other Trade Names _____

Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Primary Contact & Email _____

Billing Contact & Email _____

Main Phone _____ Main FAX _____

Type of Business Entity ___ Corporation ___ LLC ___ Partnership ___ Sole Proprietor

In which state are you incorporated or organized? _____ # of Employees _____ # of Locations _____

Company/Business Website Address: _____

NOTE: In accordance with federal law, Laborchex, Inc. services may be used only for employment purposes.

ORDERING Employment Screening (check or several):

___ We will order screening via the LABORCHEX website

___ We will Email orders ___ We will FAX orders

RECEIVING/REVIEWING Results (check one or several):

___ We will check the website

___ Email results to person(s) indicated below

___ FAX results to person(s) indicated below ___ CALL before FAXing

INVOICING/PAYMENT

___ Please email invoices to: Email: _____

___ Please mail invoices via U.S. Mail

We expect to pay by: ___ check ___ credit card* ___ prepayment via purchase order

PLEASE CHECK HERE ___ IF YOU WILL PLACING ORDERS FOR MULTIPLE DEPARTMENTS/DIVISIONS

*Please call or email for specific credit card payment forms.

Employment Screening Contacts

Laborchex Inc.
1929 Spillway Road, Suite D
Brandon, Mississippi 39048
800-880-0366
<http://www.laborchex.com>



Referred by:



Names of people who can Submit Orders and/or Receive Results:

1. Name: _____ Email: _____

Phone: _____ Fax: _____ ___ Order ___ Get Results ___ Both

2. Name: _____ Email: _____

Phone: _____ Fax: _____ ___ Order ___ Get Results ___ Both

3. Name: _____ Email: _____

Phone: _____ Fax: _____ ___ Order ___ Get Results ___ Both

4. Name: _____ Email: _____

Phone: _____ Fax: _____ ___ Order ___ Get Results ___ Both

(Please use a separate sheet to add more contacts)

Please complete the separate form, Client Designation of Authorized Users, for all persons who will use the Laborchex website to place orders and/or review results. This form will provide instructions regarding User Names and Passwords necessary to access the website.

IMPORTANT NOTE: Please indicate which representative will inform Laborchex by email or phone when contacts are no longer valid, such as for persons who have changed positions, quit, been dismissed, etc. This designated representative should contact Laborchex with this information so we can eliminate the person’s access to our website and make any other necessary adjustments to the client set up.

The person who will contact Laborchex with this information is:
