

Background Check Order Form

Please complete as much of the form as possible.

The form MUST be completed by the requestor only and is not to be completed by the Target.

Customer Number:

Your First Name

Your Last Name

Firm/Company

Job Title

Street Address 1

Street Address 2

City, State, Zip

Contact Phone Number:

Fax Number:

Email Address:

Searches Requested:

SSN Trace

Drivers License Search

Credit Report

Bankruptcy Search

Federal Civil Record Search

Statewide Criminal History Search
List States of search

County Level Criminal History Search
List counties of search

Subject Information: Please complete all fields of the form

Last Name of Subject	<input type="text"/>
First Name of Subject	<input type="text"/>
List any aliases used	<input type="text"/>
Date of Birth	<input type="text"/>
Social Security Number	<input type="text"/>
Last Known Street Address	<input type="text"/>
Last Known Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>

FAX TO (630) 299-4601