

TIG Background Screening

User Agreement

Membership Form

1. Please fill out the requested information.

1. Print a copy of the completed form.

3. Fax/ email membership form and other requested documentation to Tampa Investigative Group
d/b/a TIG Background Screening, 813-354-2438 or Email to rj@tinfo.com

First Name: _____ Last Name: _____

Company/Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

I hereby authorize the Tampa Investigative Group to bill my VISA, MASTER CARD, AMERICAN EXPRESS card for all services rendered to my firm by TIG Background Screening. **Or** Bill me Monthly _____

Credit Card Number

Expiration Date

Security Code

COLLECTION EXPENSE: CLIENT IS RESPONSIBLE FOR ALL COSTS INCURRED BY TAMPA INVESTIGATIVE GROUP, d/b/a TIG BACKGROUND SCREENING, IN COLLECTING CHARGES BILLED THROUGH THIS AGREEMENT INCLUDING BUT NOT LIMITED TO ALL ATTORNEY FEES AND COURT COSTS.

Signature

Print Name

Company/Firm

Billing Address

For what purpose will you use these records? Employment Screening____; Other_____

If you marked other, please describe: _____

Type of business _____

Tax I.D. Number: _____

Are you incorporated? _____

State/States _____

Are you a licensed entity? _____

State _____

License Number _____

User Agreement, Waiver & Release

Once you have read this agreement, *please print out a copy of this document and signed it*;

Fax or email the signed copy along with the other requested documentation to: Tampa Investigative Group, d/b/a TIG Background Screening,

Agreement, Waiver & Release

The Person/Company listed below hereafter known as the User, understands that all information provided through use of the system carries no representation, either actual or implied, as to the accuracy, timeliness, merchantability or fitness for a particular purpose of the information provided. The User further holds harmless the officers, directors, employees and agents of TAMPA INVESTIGATIVE GROUP . d/b/a TIG BACKGROUND SCREENING against any and all direct or indirect losses, claims, demands, expenses or liabilities of whatever nature or kind arising out of the use of the information provided. The User further acknowledges that the use of the system is at the Users own risk. - TAMPA INVESTIGATIVE GROUP. d/b/a TIG BACKGROUND SCREENING it's officers, directors, employees and agents assume no responsibility or liability for the misuse of the system nor for any damage, information loss, system failures, etc which may result from the use of the system. The User acknowledges that the signature affixed hereto whether original or facsimile will serve as a binding instrument on behalf of the Person/Company listed below. The User agrees that all reports and results provided to the User will be used solely for the purposes permissible under the Fair Credit Reporting Act, all federal, state and local laws and regulations and for no other purpose.

The Person/Company listed below will be invoiced monthly, unless the Person/Company notifies TAMPA INVESTIGATIVE GROUP. d/b/a TIG BACKGROUND SCREENING in writing to cancel the membership. *No monthly minimums.*

PLEASE PRINT CLEARLY

Company Name: _____

User Name & Title: _____

Address: _____

City, State, Zip: _____

Signature of Authorized Representative: _____

Date: _____

Fax to (813)354-2438/ Email rj@tiginfo.com