



GUARDIAN Background Services, LLC
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 www.GuardianBackgroundServices.com

GUARDIAN Account Set-Up Form

Instructions:

- 1) Complete Company / Address / Contact information sections
- 2) Select (check box) and complete section(s) for (all) requested services:
Background Screening – Drug Testing – On-Line Aptitude Assessments
- 3) Submit form using “Submit” button at end of form (if desired, save or print a copy prior to submitting)

Company Information:

Business Name (Legal Entity):	
DBA (if applicable):	
Type of Business: (i.e. retail, accounting, hospitality, etc.)	
Main Phone Number:	
Website:	
Number of Employees:	
Business Structure:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other:

Physical Address:

Street:		
City:	State:	Zip:

Mailing Address: Same as physical address

Street:		
City:	State:	Zip:

Billing Address: Same as mailing address

Street:		
City:	State:	Zip:

Primary / Administrative (Main) Contact:

User access information and account management / changes will be coordinated through Main contact

Last Name:	First Name:
Title:	Phone:
E-Mail:	

Above person is an Authorized signer for this agreement: Yes | No

Authorized Signer: (Complete if Main Contact is **NOT** an Authorized signer)

Last Name:	First Name:
Title:	Phone:
E-Mail:	

Billing Contact: Same as Main Contact | Same as Authorized Signer

Last Name:	First Name:
Title:	Phone:
E-Mail:	

Select (check box) and complete section(s) for (all) requested services:

Background Screening – Drug Testing – On-Line Aptitude Assessments

Background Screening (Check box and complete this section to set-up Background Screening Service)

Search purpose: Employment | Tenant | Volunteer | Other:

Primary / Administrative (Main) Contact: (Background Screening)

Last Name:	First Name:
Title:	Phone:
E-Mail:	

Authorized Users: (Background Screening)

First Name	M.I.	Last Name
Phone	E-Mail	
<input type="checkbox"/> Order Reports <input type="checkbox"/> Order reports for other users <input type="checkbox"/> View Reports <input type="checkbox"/> View all reports for other users		
First Name	M.I.	Last Name
Phone	E-Mail	
<input type="checkbox"/> Order Reports <input type="checkbox"/> Order reports for other users <input type="checkbox"/> View Reports <input type="checkbox"/> View all reports for other users		
First Name	M.I.	Last Name
Phone	E-Mail	
<input type="checkbox"/> Order Reports <input type="checkbox"/> Order reports for other users <input type="checkbox"/> View Reports <input type="checkbox"/> View all reports for other users		
First Name	M.I.	Last Name
Phone	E-Mail	
<input type="checkbox"/> Order Reports <input type="checkbox"/> Order reports for other users <input type="checkbox"/> View Reports <input type="checkbox"/> View all reports for other users		

Drug Testing (Check box and complete this section to set-up Drug Testing Service)

- DOT (Department of Transportation) | Non-DOT
 Laboratory / Collection Site (Donor goes to lab) | Bulk / Instant (Employer administers test on-site)

Primary / Administrative (Main) Contact: (Drug Testing)

Last Name:	First Name:
Title:	Phone:
E-Mail:	

Authorized Users: (Laboratory / Collection Site Drug Testing – order / view results)

First Name	M.I.	Last Name
Phone	E-Mail	
First Name	M.I.	Last Name
Phone	E-Mail	
First Name	M.I.	Last Name
Phone	E-Mail	
First Name	M.I.	Last Name
Phone	E-Mail	

On-Line Aptitude Assessments (Check box and complete this section to set-up Aptitude Assessment Service)

Primary / Administrative (Main) Contact: (Aptitude Assessments)

Last Name:	First Name:
Title:	Phone:
E-Mail:	

Authorized Users: (Aptitude Assessments)

First Name	M.I.	Last Name
Phone	E-Mail	
First Name	M.I.	Last Name
Phone	E-Mail	
First Name	M.I.	Last Name
Phone	E-Mail	
First Name	M.I.	Last Name
Phone	E-Mail	