

King Background Screening, Inc.
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FREE MEMBERSHIP REGISTRATION – YOUR INFORMATION

WE REQUIRE SOME INFORMATION ABOUT YOU, THE LANDLORD, PROPERTY MANAGER, OR BUSINESS OWNER. PLEASE COMPLETE THE FOLLOWING FREE REGISTRATION FORM. YOU ONLY NEED TO REGISTER ONCE. YOUR INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE AND WILL NOT BE DISCLOSED TO ANY THIRD PARTY.

BILLING INFORMATION:

NAME (CONTACT PERSON)

BILLING ADDRESS

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____

CELL PHONE _____

FAX _____

EMAIL _____

**PLEASE RETURN VIA EMAIL OR FAX
THANK YOU!**