

## International Employment and Reference Verification Order Form

Client Name: _____	Account No.: _____
Address: _____	City, State, Zip: _____
Country: _____	Your Name: _____
Your Position: _____	Phone: _____
Fax: _____	Email Address: _____

Please process an Reference Verification on the following individual: **(Bold indicates a required field)**

**Full Name of Employee:** \_\_\_\_\_ **Sex:**  Male  Female  
*(Include hyphenated names/both surnames / Asia: Try to provide spelling in country's alphabet.)*

**Last Known Title/Position:** \_\_\_\_\_

Department Employed: \_\_\_\_\_

**Employer's Company Name:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_

**Employer's City & Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Employer's Country:** \_\_\_\_\_ **Date of Birth (Spell Month):** \_\_\_\_\_

**Employer's Main Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Employer's Email: \_\_\_\_\_

**Supervisory Name:** \_\_\_\_\_ **Supervisor Title:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
 (Spell months)

Employee ID#: \_\_\_\_\_ **Country ID#**  
 (not USA SSN#)

Other Information: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Conditions of Order:**

IN REQUESTING THIS REPORT WE ACCEPT THAT IT CANNOT BE GUARANTEED AS ACCURATE IN THAT SDS INC., (ITS AGENTS) OR ASSOCIATES HAVE NO PRACTICAL OPPORTUNITY TO AUDIT OR CONFIRM ALL SOURCE DATA. WE FURTHER AGREE THAT THE INFORMATION WILL NOT BE USED AS EVIDENCE OR AS A BASIS FOR ANY LEGAL ACTION. WE WILL NOT HOLD SDS INC., RESPONSIBLE FOR POTENTIAL OR ACTUAL LOSSES THAT MAY OCCUR FROM ANY DECISION MADE SUBSEQUENT TO THE RECEIPT OF THIS REPORT. THIS INFORMATION IS FOR OUR EXCLUSIVE USE AND WILL NOT BE SOLD. THE AMOUNT OF INFORMATION MAY VARY WITH EACH REPORT DEPENDING ON THE SITUATION AND WHAT INFORMATION IS AVAILABLE. I UNDERSTAND THAT DATABASE RETRIEVED REPORTS ARE NON-CANELLABLE AND THAT CANCELLATIONS ON RECEIVED REPORT ORDERS MUST BE IN WRITING WITHIN TWO (2) HOURS OF RECEIPT OF THE ORIGINAL ORDER AND BE APPROVED BY SDS INC. I UNDERSTAND PAYMENTS FOR REPORTS ARE IN ADVANCE UNLESS OTHER ARRANGEMENTS ARE MADE IN WRITING. DUE TO THE CUSTOMIZED NATURE OF THE SCREENING INDUSTRY I AGREE THAT PAYMENTS MADE BY CHARGE/CREDIT/DEBIT CARD CAN BE DEBITED AT THE TIME OF MY ORDER AND NOT NECESSARILY WHEN DELIVERY IS MADE. I UNDERSTAND THAT REFUNDS OR CHARGE BACKS ARE NOT AVAILABLE FOR REASON INCLUDING BUT NOT LIMITED TO CONTENT OF REPORT, POSSIBLE LATENESS, ETC. I AGREE TO THE POLICIES SET FORTH HERE, IN THE PRICING PAGES AND I UNDERSTAND THAT PRICING CAN CHANGE WITHOUT NOTICE.

\_\_\_\_\_  
**Your Signature** \_\_\_\_\_  
**Today's Date**

### Payment Information

<input type="checkbox"/> <b>Invoice</b>	<input type="checkbox"/> <b>Check</b>	<input type="checkbox"/> <b>Money Order</b>	<input type="checkbox"/> <b>International Money Order</b>	<input type="checkbox"/> <b>Credit Card</b>	<input type="checkbox"/> <b>Credit Card On File</b>
<b>Credit Card Information:</b>		<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> DSCVR
<b>Credit Card Number:</b> _____		Name(s) Card		Expiration Date: <b>CVV</b>	
<b>Full Address:</b> _____					
Charge Credit Card on file Yes <input type="checkbox"/> No <input type="checkbox"/> Amount Approved:					

<b>Signature</b> _____	<b>Position</b> _____	<b>Date</b> _____
------------------------	-----------------------	-------------------

Other: \_\_\_\_\_