

600 Houze Way
Suite C-1
Roswell, GA 30076



ph: 770.998.7845
fx: 770.640.2031
www.metscheck.com

New Account Application

Company Information

Company Name _____ Type of Business _____

Years in Business _____ Number of Employees _____ Website _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Fax Number (_____) _____ EMAIL _____

Partners or Corporate Officers

1. Name _____ Title _____ Telephone (_____) _____

2. Name _____ Title _____ Telephone (_____) _____

Bank References

1. Bank Name _____ Address _____

Account # _____ Contact Name _____ Telephone (_____) _____

2. Bank Name _____ Address _____

Account # _____ Contact Name _____ Telephone (_____) _____

Confidential Contacts

I _____ DESIGNATE THE FOLLOWING PEOPLE TO BE THE CONFIDENTIAL CONTACT TO RECEIVE INFORMATION FROM METS. I ALSO UNDERSTAND THAT TO ADD ADDITIONAL PEOPLE, I MUST DO SO IN WRITING ON COMPANY LETTERHEAD.

SIGNATURE _____ DATE _____ TITLE _____

I UNDERSTAND THAT ONLY THE PEOPLE LISTED BELOW WILL BE THE ONES TO RECEIVE THE INFORMATION FROM METS (*Please designate at least two people*):

1. Name _____ Title _____ Telephone (_____) _____

2. Name _____ Title _____ Telephone (_____) _____

3. Name _____ Title _____ Telephone (_____) _____

Requested Services – Please Mark all that Apply

- | | |
|---|--|
| <input type="checkbox"/> 9 Panel Drug Screening | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> County Search Criminal History | <input type="checkbox"/> Credit |
| <input type="checkbox"/> 5 Panel DOT Drug Screen | <input type="checkbox"/> Employment Verification |
| <input type="checkbox"/> National Wide Criminal History | <input type="checkbox"/> Motor Vehicle History (MVR) |
| <input type="checkbox"/> DOT Physical | <input type="checkbox"/> Other _____ |

I _____ CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THE INFORMATION IS TO BE USED ONLY FOR THE OPENING OF AN ACCOUNT WITH METS (MEDICAL EMPLOYMENT TESTING SERVICE). I AGREE TO METS OPENING AN ACCOUNT FOR EMPLOYMENT TESTING AND UNDERSTAND THAT ANY CHANGES ARE TO BE DONE IN WRITING ON COMPANY LETTERHEAD.

SIGNATURE _____ DATE _____ TITLE _____

VISA, AMEX, MasterCard and Discover Welcome

How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Business Partner; whom should we thank _____ | <input type="checkbox"/> Magazine Advertisement _____ |
| <input type="checkbox"/> Convention _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Search Engine _____ | |

Please fax completed form to: 770-640-2031 or mail to 600 Houze Way, Suite C-1, Roswell, GA 30076