

LYNX Collision Repair Network

Background Check:

Web Registration Confirmation # _____

All reports generated by the background check agency are confidential to LYNX Services exclusively, and are utilized only for the purpose of assessing a continued relationship as a LYNX Collision Repair Network participant.

Background Investigation Authorization/Disclosure

I authorize the agency performing the background check for LYNX Services or any of its agents to procure a consumer report. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the report.

I authorize all government agencies, state department of motor vehicles, corporations, companies, persons, law enforcement agencies, criminal, civil and federal courts and credit agencies to release information they may have about me and/or the corporation and release them from any liability and responsibility from doing so. Any copy of this authorization shall have the same authority as the original.

Please clearly print the following information

Repair Facility:	Name: _____ Street: _____ City: _____ State: _____ Zip: _____
Type of Business:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Have you ever changed the name of the Repair Facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Prior Name: _____ Date of change: _____ Street: _____ City: _____ State: _____ Zip: _____
Shop Owner or Principal Corporate Officer:	Name: _____ Title: _____
Company Information:	Federal Tax Id or TIN: _____ Date of Incorporation (if applicable): _____
Additional Owner Information:	Owner or Corporate Officer Social Security No: _____ Date of Birth: _____
Last 5 years of residential addresses of Repair Facility Owner or Corporate Officer:	Current Address: From : _____ To: _____ Street: _____ City: _____ State: _____ Zip: _____
	Prior Address: From : _____ To: _____ Street: _____ City: _____ State: _____ Zip: _____
	Prior Address: From : _____ To: _____ Street: _____ City: _____ State: _____ Zip: _____



Signature: _____ Date _____

Printed name: _____ Title: _____