



Vendor Transparency Solutions

CLIENT INFORMATION SHEET

Company Information

Company Name:
Company Address:
Company Website:

Primary Contact Information

Contact Person:
Phone:
Email:
DDS Online Access: Yes No
Full access to results Yes No

Additional Authorized Users on the Account

Contact Person:
Phone:
Email:
DDS Online Access: Yes No
Full access to results: Yes No

Contact Person:
Phone:
Email:
DDS Online Access: Yes No
Full access to results: Yes No

Invoice Contact Information

If same as Primary check here: Yes
Contact Person:
Invoice Address (If different from above):
Phone:
Email:
DDS Online Access: Yes No
Full access to results: Yes No

Phone: 800.647.7999
Fax: 718.234.0010
Web: www.employeescreening.com
E-mail: info@employeescreening.com



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