



Clients of GFWL,INC. Phone: 770-914-6644 Fax: 770-898-7301 WWW.GroomingLeaders.Com  
**CLIENT REGISTRATION AND INFORMATION SHEET**

*Please write legibly (IF 2 PEOPLE LIVE IN HOUSEHOLD AND/OR PLAN TO PURCHASE OR SALE EACH MUST COMPLETE A FORM)*

NAME: \_\_\_\_\_ EMPLOYER NAME OR YOUR BUSINESS NAME  
 NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ PRESENT WORK  
 TELEPHONE #: \_\_\_\_\_

DRIVERS LICENSE  
 NUMBER/STATE: \_\_\_\_\_ CELLULAR # \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_  
 (if applicable)

DATE OF BIRTH: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_  
 (if applicable)

NUMBER OF YEARS EMPLOYED OR IN BUSINESS: \_\_\_\_\_

YOUR JOB TITLE OR DESCRIPTION OF  
 BUSINESS(PLEASE SPECIFY IF EMPLOYED OR OWN YOUR OWN BUSINESS) \_\_\_\_\_

PRESENT WORK  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MORTGAGE CO NAME & LOAN # (IF YOU OWN YOUR HOME): \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_  
 (if applicable)

LANDLORD: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 (if applicable)

PREVIOUS ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERSONAL CONTACT: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
 (Friend or Relative)

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**CHECKING ACCOUNT #:** \_\_\_\_\_ **NAME ON ACCOUNT:** \_\_\_\_\_

NAME OF BANK/BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

**SAVINGS ACCOUNT#:** \_\_\_\_\_ **NAME ON ACCOUNT:** \_\_\_\_\_

NAME OF BANK/BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

YOUR SIGNATURE BELOW WILL AUTHORIZE GFWL INC ("COMPANY") AND/OR ANY ENTITY DIRECTED BY COMPANY TO OBTAIN AN INVESTIGATIVE CONSUMER REPORT AND/OR CONSUMER CREDIT REPORT. YOUR SIGNATURE AUTHORIZES ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, CONSUMER REPORTING AGENCIES, BANKS, REFERENCES AND OTHER PERSONS OR ENTITIES HAVING INFORMATION ABOUT YOU TO PROVIDE SUCH INFORMATION TO COMPANY OR OTHER ENTITY THAT OBTAINS INFORMATION FOR COMPANY. YOU FURTHER FULLY RELEASE COMPANY, ITS EMPLOYEES, OFFICERS, DIRECTORS, AGENTS, SUCCESSORS AND ASSIGNS, AND ALL OTHER PARTIES INVOLVED IN THIS BACKGROUND INVESTIGATION, INCLUDING BUT NOT LIMITED TO INVESTIGATORS, CREDIT AGENCIES AND THOSE COMPANIES OR INDIVIDUALS WHO PROVIDE INFORMATION TO COMPANY CONCERNING ME, FROM ANY CLAIMS OR ACTIONS FOR ANY LIABILITY WHATSOEVER RELATED TO THE PROCESS OR RESULTS OF THE BACKGROUND INVESTIGATION.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date