

Southeastern Loss Management, Inc.
PO Box 497, Dallas, North Carolina, 28034
(704) 922-4422 (704) 922-4020 Fax

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I fully understand and agree that prior to submitting a background check application I must be in compliance with the **Federal Fair Credit Reporting Act**. By submitting a request for a credit report and motor vehicle records (MVR), I certify that I have on file the applicant’s signature and their permission to obtain their credit history and MVR.

I hereby agree to hold SLM, Inc., its officers, agents, employees, privies, assigns and successors in interest harmless on account of any expense, cost or damage resulting from the publishing of this background check.

I hereby certify that I am authorized to execute this agreement on behalf of the company listed below. I shall not knowingly disclose or otherwise make available to any person or entity personal information about any individual obtained by the information provided in connection with any background check obtained from SLM, Inc.

**Please sign and return this original to our office.
PLEASE KEEP A COPY FOR YOUR RECORDS.**

Company Name: _____

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Contact Number: _____

Email: _____