

**ALABAMA-COUSHATTA TRIBE OF TEXAS
TRIBAL GAMING AGENCY**

SUPPLIER ENTITY DISCLOSURE FORM



Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

SUPPLIER ENTITY DISCLOSURE FORM

NAME OF ENTERPRISE*

(DO NOT ABBREVIATE)

*NAME AS IT APPEARS ON THE CERTIFICATE OF INCORPORATION, CHARTER, BY-LAWS, PARTNERSHIP AGREEMENT OR OTHER OFFICIAL DOCUMENT.

D/B/A OR TRADE NAME(S)

PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS:

NAME

TITLE

TELEPHONE: (AREA CODE) NUMBER

FAX: (AREA CODE) NUMBER

EMAIL ADDRESS

THE PRINCIPAL BUSINESS ADDRESS OF THE ENTERPRISE:

STREET LOCATION (NUMBER/STREET)

CITY

STATE

ZIP

COUNTY

COUNTRY

TELEPHONE NO. OF THIS LOCATION (INCLUDE AREA CODE)

FAX NO. LOCATION (INCLUDE AREA CODE)

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

COUNTRY

THE ADDRESS FROM WHICH THE ENTERPRISE IS OR WILL BE CONDUCTING ANY BUSINESS AS PART OF AN AGREEMENT WITH THE ALABAMA-COUSHATTA CASINO.

STREET LOCATION (NUMBER/STREET)

CITY

STATE

ZIP

COUNTY

COUNTRY

TELEPHONE: (AREA CODE) NUMBER

COMPANY WEBSITE ADDRESS

Check the appropriate box:

This is an initial application for a supplier license.

This is an application to renew a supplier license.

The current license expires on: _____

IMPORTANT: One complete copy of the supplier license application, including all attachments, must be submitted with the original. The entire application will be returned if a copy is not included.

NOTE: For purposes of this application, "Enterprise" shall be defined to include any corporation, association, operation, firm, partnership, trust or other form of business association, as well as a natural person.

ITEM 1. PRIOR NAMES AND ADDRESSES OF THE ENTERPRISE

A. List all other names under which the Enterprise has done business for the last five years.

B. List other addresses from which the Enterprise has done business within the last five years.

NUMBER AND STREET	CITY	STATE	ZIP	DATES	
				FROM:	TO:

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 1B.

ITEM 2. DESCRIPTION OF ENTERPRISE

A. Specify the business form of this Enterprise (that is, corporation, partnership, trust, joint venture, sole proprietorship or otherwise.) _____

B. Please submit a copy of the certificate of incorporation, charter, by-laws, partnership agreement, trust agreement or other basic documentation of the Enterprise, if any. This document must be labeled as ITEM 2B.

C. If the Enterprise is a publicly traded corporation, please indicate below on what exchange its stock is traded and under what symbol.

D. Provide below either the Enterprise's Federal Employer Identification Number or Social Security Number of the owner.

EIN # _____ - _____ or SSN _____ - _____ - _____

Check box if applied for

E. Please state the type of goods or services being provided to the casino industry and/or the nature of business of your enterprise.

F. Describe business relationships with Indian tribes including ownership interest in those businesses.

ITEM 3. AGREEMENTS

A. If the Enterprise has entered into any written agreements with The Gaming Enterprise, indicate here the number of such written agreements.

B. If the Enterprise has entered into any unwritten agreements or purchase order business with The Gaming Enterprise, describe below the terms of each unwritten agreement, including in said description the expected duration and terms of compensation of each such agreement.

C. Are or were any agreements between this Enterprise and The Gaming Enterprise in any way subject to or conditioned upon any other agreement between The Gaming Enterprise and either this Enterprise or any other Enterprise whatsoever? Yes No

If yes, identify each such agreement, explain the relationship and name the Enterprise.

D. Are or were the agreements between this Enterprise and The Gaming Enterprise contingent upon other agreements between the Enterprise and its suppliers, vendors or subcontractors?

Yes No

If yes, identify the said suppliers, vendors or subcontractors and identify the relationship between that agreement and any other agreement with The Gaming Enterprise.

E. Are any of the suppliers, vendors or subcontractors of the Enterprise holders of any securities of the Enterprise or creditors as to any long or short-term debt of the Enterprise?

Yes No

If yes, identify the said suppliers, vendors or subcontractors, the nature of the interest or debt, and the amount thereof.

ITEM 4. GOVERNMENTAL REGULATION

A. Is the enterprise subject to regulation by a public agency in any jurisdiction?

Yes No

If yes, identify the public agency and its location, and describe the nature and extent of the regulation as it affects this Enterprise (for example, control of rates, individual qualifications, criminal records, etc.).

- B. During the last five year period, has the Enterprise ever had any license or certificate issued by a government agency in any jurisdiction denied, suspended or revoked? Yes No

If yes, state the name and nature of the license or certificate denied, suspended or revoked, the name and location of the government agency taking such action, and the date and reason for each such action in the following tabular form:

TYPE OF LICENSE OR CERTIFICATE	NAME AND LOCATION OF GOVERNMENTAL AGENCY	ACTION TAKEN	DATE	REASON

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 4B.

ITEM 5. PRIOR GAMING APPLICATIONS

Provide the name and address of any licensing or regulatory agency with which the Enterprise or a Control Persons have filed an application for a license or permit relating to gaming, whether or not such license or permit was ever granted or has ever been subject to suspension, revocation or other sanction.

NAME AND ADDRESS OF LICENSING AGENCY	DATE OF APPLICATION	DISPOSITION (GRANTED, DENIED, PENDING)	TYPE OF GAMBLING ACTIVITY	IF ISSUED, GIVE APPROPRIATE NUMBER AND EXPIRATION DATE

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 5B.

ITEM 6. FINANCIAL INFORMATION

- A. If the Enterprise has audited financial statements prepared, submit three (3) years of the most recently prepared statements and auditor's report. Mark both the statement and report as ITEM 6A.
- B. If the Enterprise does not normally have its financial statements audited, three (3) years of the most recently prepared unaudited financial statement and mark such statement as ITEM 6B. (If the Enterprise has neither an audited or unaudited financial statement prepared, please note same below this paragraph.)
- C. Please include three (3) years of the most recently filed federal and state tax returns, in full, including all attachments, schedules and extension requests. Mark each return and schedule as ITEM 6C.
- D. Has the Enterprise had any petition under any provision of the Federal Bankruptcy Act or under any State insolvency law filed by or against it in the last five-year period?

Yes No

If yes, provide the following information in tabular form:

COURT NAME	COURT LOCATION	TYPE OF PETITION	DATE FILED	OFFICIAL NAME OF CASE

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 6D.

E. Has the Enterprise sought relief under any provision of the Federal Bankruptcy Act or under any State insolvency law in the last five-year period?

Yes No

If yes, provide the following information in tabular form:

COURT NAME	COURT LOCATION	NAME OF CASE	RELIEF SOUGHT	DATE FILED

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 6E.

F. Has any receiver, fiscal agent, trustee, reorganization trustee or similar officer been appointed, in the last five year period, by a court for the business or property of the Enterprise?

Yes No

If yes, provide the following information in tabular form:

NAME OF PERSON APPOINTED	DATE APPOINTED	COURT	REASON

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 6F.

ITEM 7. CRIMINAL HISTORY

Has the Enterprise been indicted, charged with or convicted of a criminal or disorderly persons offense or been a party to or named as an unindicted co-conspirator in any criminal proceeding in any jurisdiction?

Yes No

If yes, provide the information requested in the following tabular form:

NATURE OF CASE	NAME AND ADDRESS OF COURT OR AGENCY	RESULT OF CASE	DATE OF CONVICTION

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 7.

**ITEM 8. ANITRUST, TRADE REGULATION AND SECURITIES JUDGMENTS:
STATUTORY AND REGULATORY VIOLATIONS**

A. Has the Enterprise ever had a judgment, order, consent decree or consent order pertaining to a violation or alleged violation of the Federal Antitrust, Trade Regulation or securities laws, or similar laws of any state, province or country entered against it?

Yes No

B. In the past ten years has the corporation had a judgment, order, consent decree or consent order pertaining to any state or federal statute, regulation or code that resulted in a fine of \$50,000 or more entered against it:

Yes No

If yes to either question, provide the following information for each judgment, order, consent decree or consent order:

DATE OF OFFENSE	NATURE OF OFFENSE	TITLE OF CASE AND DOCKET NUMBER	NAME AND ADDRESS OF COURT OR AGENCY	NATURE OF JUDGMENT, DECREE OR ORDER	DATE ENTERED

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 8.

ITEM 9. CIVIL LAWSUIT

List the civil lawsuits, excluding divorce or child custody proceedings, to which the Enterprise or a control person has been a defendant within the previous ten years, including the name and address of the court involved, the date and disposition.

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 9.

ITEM 10. CONTROL PERSON IDENTIFICATION

Please indicate all persons or entities in your enterprise that correspond to the sub-items listed below. If any of the sub-items (A) through (F) do not apply, please indicate "Does Not Apply" directly on this form.

- A. All control persons including the chief executive officer, chief operating officer and any person with responsibility and authority to manage the contract on behalf of the Enterprise with respect to the goods and services being provided.
- B. The management employee supervising the regional or local office which employs the sales representative(s).
- C. All directors or trustees of the Enterprise.
- D. All partners, whether general, limited or otherwise.
- E. The sole proprietor, if the enterprise is a sole proprietorship.
- F. Any person who has the power to direct or cause direction of management and policies of the business operations, including all persons who own shares of any corporation that is not a publicly traded corporation and such person owns, controls, or holds the power to vote 10% or more of the voting securities of the corporation.
- G. Include all Trusts and Holding Companies owning 10% or more.

For every person or entity noted in ITEMS 10A through F on the previous page, please provide the information requested in the following tabular form:

NAME	DATE OF BIRTH	HOME ADDRESS	TITLE, POSITION OR ASSOCIATION WITH THE ENTERPRISE	% OF OWNERSHIP

Should you require additional space, attach a separate sheet in the same tabular format and label it ITEM 10A, B, etc.

ITEM 11. AFFIDAVITS AND SIGNATURES

This form must be sworn to or affirmed, signed and dated before a person legally competent to take an oath or affirmation who shall himself date the signature of the affiant and indicate the basis of his authority to take oaths and affirmations.

Each of the following persons must complete an affidavit attesting to the truth of the information in this form:

- a. If the Enterprise is a corporation, the president or any officer so authorized to affirm;
- b. If the enterprise is a partnership, each of the partners; if a limited partnership, only by each of the general partners;
- c. If the enterprise is any other business form, organization or association, the president, Member or Official so authorized to affirm;
- d. If the Enterprise is a sole proprietorship, the natural person who is the proprietor.

Each required affidavit must be identical to the model that appears on the next page of this form.

AFFIDAVIT

STATE OF _____:

COUNTY OF _____: **SS:**

I, _____, hereby acknowledge that
(NAME)

I am aware that the Alabama-Coushatta Tribal Gaming Agency may deny a license to any applicant which supplies information to the Alabama-Coushatta Tribal Gaming Agency which is untrue or misleading as to a material fact pertaining to the qualification criteria. Further I, _____, hereby swear
(NAME)

(or affirm) that the foregoing statements made by me on behalf of _____
(NAME OF ENTERPRISE)

_____ are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(SIGNATURE)

(TYPE, STAMP OR PRINT NAME)

(TITLE OR POSITION)

Subscribed and sworn to
before me this _____ day
of _____, 20 ____.

NOTARY

SEAL OR AUTHORITY OF NOTARY

ITEM 12. RELEASE AUTHORIZATION NOTICE, JURISDICTION NOTICE

Each enterprise must have the attached "Release Authorization" properly signed, dated and notarized. The attached "Notice" and "Acknowledgment of Jurisdiction" must also be acknowledged by a proper signature and date.

Each document must be signed by the following person:

- a. If the Enterprise is a corporation, the president or any officer so authorized to execute such a document and bind the corporation;
- b. If the Enterprise is a partnership, a partner;
- c. If the Enterprise is a limited partnership, a general partner;
- d. If the Enterprise is any other business form, organization or association, the President, Member, or Official so authorized to execute such a document and bind the enterprise;
- e. If the Enterprise is a sole proprietorship, the natural person who is the proprietor.

RELEASE AUTHORIZATION

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other Such Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

On behalf of _____
(NAME OF ENTERPRISE)

I, _____, have
(Official)

authorized the Alabama-Coushatta Tribal Gaming Agency (ACTGA) to conduct a full investigation into the background of the said enterprise.

Therefore, you are hereby authorized to release any and all information pertaining to the said enterprise, documentary or otherwise, as requested by any employee or agent of the ACTGA, provided that he or she certifies to you that said enterprise has an application pending before the ACTGA or that said enterprise is presently a licensee or registrant required to be qualified under the provisions of the Alabama-Coushatta Tribe of Texas Gaming Ordinance.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photo static copy of this authorization will be considered as effective and valid as the original.

(SIGNATURE)

Subscribed and sworn to

before me this _____ day

of _____, 20 ____.

NOTARY

SEAL OR AUTHORITY OF NOTARY

NOTICE

1. Information supplied to the Alabama-Coushatta Tribal Gaming Agency or otherwise obtained by the Alabama-Coushatta Tribal Gaming Agency is confidential and shall not be revealed except in the course of the necessary administration of the Alabama-Coushatta Tribe of Texas Gaming Ordinance .
2. An applicant for or holder of a license under the Alabama-Coushatta Tribe of Texas Gaming Ordinance is subject to inspections, searches and seizures as authorized by the Alabama-Coushatta Tribe of Texas Gaming Ordinance and by the Regulations of the Alabama-Coushatta Tribe of Texas Tribal Gaming Agency.
3. The filing fee which must accompany the submission of a supplier license is not refundable once the application is accepted for filing.

Receipt of Notice
Acknowledged on Behalf Of: _____

On: _____
(DATE)

(SIGNATURE)

(TYPE, STAMP OR PRINT NAME)

(TITLE OR POSITION)

ACKNOWLEDGEMENT OF JURISDICTION

On behalf of _____,
(NAME OF ENTERPRISE)

I _____ hereby acknowledge
(PRINT NAME)

that _____ consents to the personal jurisdiction
(NAME OF ENTERPRISE)

of the Alabama-Coushatta Tribe of Texas Tribal Gaming Agency and I hereby waive all
available defenses against such jurisdiction.

DATE: _____ (LEGAL SIGNATURE)
(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20 ____.

NOTARY PUBLIC

STATE

STATE LAW NOTICES AND DISCLOSURES – BACKGROUND INVESTIGATION

Pursuant to state law, the following disclosures are provided to state residents.

CALIFORNIA applicants or employees only: By signing below, you acknowledge receipt of the NOTICE – BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check the box if you would like to receive a copy of the investigative consumer report or consumer credit report, free of charge, if one is obtained by the Company.

Check box to receive report

NEW YORK applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting Protect My Ministry, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618; Phone: 1-800-319-5581.

NEW YORK applicants or employees only: By signing below, you acknowledge receipt of a copy of [Article 23-A](#) of the New York Correction Law.

WASHINGTON applicants or employees only: You have the right to request from Protect My Ministry a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

MASSACHUSETTS, MINNESOTA and OKLAHOMA applicants or employees only: Please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report

Signature: _____

Date: _____

Print Name: _____

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____ (the "Company"), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone:1- 800-975 9876, For information about AmericanChecked privacy practices, see <http://americanchecked.com/privacy-policy> . The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Last Four Digits of SSN: _____