



THE MINT

Information & Research Team

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THE MINT offers professional screening services to individuals and companies. Most services require a signed release form of the person you are investigating. Below is a general release form and a price list of services. Contact Customer Service for a Business Account Application. All certified business accounts will receive a 20% discount on all listed prices. Business Accounts must submit a one time \$100.00 set-up fee.

There are no monthly services fees.

Product Name	Item ID# - Price	Typical Delivery Status
		*Orders Before 3:30 pm EST
Consumer Credit Reports	MTCCR06 -\$20.00	- Same Business Day -
Business Credit Reports	MTBCR13 -\$65.00	Variable 1-2 Business Days
Credit Analysis	MTCA4U - \$35.00	Variable 1-2 Business Days
Credit Fraud Investigation	MTCFI - \$45.00/hr	Variable Time 1-3 Business Days
Address Verification	MTAVS- \$30.00	
Criminal Background Check Criminal County ↔ Civil Federal ↔	MTCBCCC0- \$50.00 MTCBCCF1 -\$65.00	Variable 1-2 Business Days
Motor Vehicle Records	MTVMVC4U -\$42.00	- Same Business Day -
Employee Screening w/ Credit Report	MTEZES -\$65.00 MTEZESCC -\$80.00	- Same Business Day -
Educational and Professional License Verification Services	MTEDAPLVS -\$45.00	Variable 1-2 Business Days
Reference Verification Service	MTRVS -\$30.00/reference	Variable

****All products have variable shipping and handling charges.
Please visit our website for current applicable rates.**



General Release and Indemnity

I, _____ on this _____ day of _____ 200____, give **THE MINT** explicit permission to retrieve personal information on me. If applicable, the 3rd party identified below can review the information provided by THE MINT harmless from missing and/or, inaccurate retrieved from their business partners. THE MINT is contracted to retrieve my information for a fee. Additional information can be found at www.the-mint.net . Having read this statement and signing below, I agree to the specified terms. Please provide the requested information for our records.

My Social Security Number : _ _ _ - _ _ - _ _ _ _ _

Consumer's Signature of Authorization Date

Provide All Applicable Personal Data

First Name Middle Last Name

Street Address 1 Address 2 Extension

City State / Zip code

Home Telephone # Alt. Telephone # E-mail Address

This 3rd Party is authorized to receive my personal information

Individual/Company Name: _____ Tel # _____

Address: _____

Fax # _____ Email _____