



BACKGROUND CHECK AUTHORIZATION / RELEASE FORM

I hereby authorize Total Call Mobile, Inc. ("TCM") and its designated agents and representatives to conduct a comprehensive review of my background. I understand that this background check does not create an employment relationship between me and TCM. I understand that the scope of the background check may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, employment history, and/or general reputation.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Total Call Mobile, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Total Call Mobile, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing. I also understand that, based upon the results of my background check, I may be prohibited from being a Total Call Mobile Lifeline Sales Representative, which is a decision that shall be in TCM's sole discretion.

Print Name: \_\_\_\_\_
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: \_\_\_\_\_
(Mo/Yr) (Street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Gender: Male / Female

Drivers' License Number/State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Company Use Only: Status \_\_\_\_\_ Authorized by \_\_\_\_\_
CGM User Name: \_\_\_\_\_



LIFELINE SALES REPRESENTATIVE'S AGENT CONFIDENTIALITY AGREEMENT AND TRAINING ACKNOWLEDGEMENT

I acknowledge and agree that by assisting applicants with signing up for Total Call Mobile, Inc., ("TCM") Lifeline Plans, I will become privy to confidential applicant information ("Lifeline Customer Confidential Information"). Such information includes but is not limited to the following:

- Names; Addresses; Last 4 of Social Security Numbers; Social Security Numbers; Verification documents, including proof of government program participation or income; and, any other information that can be reasonably identified as confidential information of potential TCM Lifeline subscribers.

In connection with Lifeline Customer Confidential Information, I agree as follows:

- Lifeline Customer Confidential Information is highly confidential, and I will not disclose Lifeline Customer Confidential Information to any person or entity other than to TCM or its authorized agents.
I will not retain any originals or copies of the Lifeline Customer Confidential Information(including any applications).
I agree that all Lifeline Customer Confidential Information collected by me, if any, will be forwarded in its entirety to TCM or its authorized agents.
I may only retain the name and tracking orders for commission tracking purposes.
I will be liable for any breach of the confidentiality requirements set forth in this Agreement.

In addition, I hereby certify that I have read and reviewed the following documents:

- Lifeline Program Training dated 2/2/15 (Initial)
Lifeline Application Sign-Up Checklist dated 4/28/15 (Initial)

Furthermore, I understand and agree that I am not an employee or independent contractor of TCM.

(Initial)

I am an agent of the Lifeline Sales Representative and not TCM. I understand that TCM does not provide any compensation to me, and that any questions related to paychecks or other employee and/or contractor issues should be directed to the following contact of the Lifeline Sales Representative:

Company: PayGo Telephone Number: 844-55-PAYGO

Address: 4407 Beltwood Parkway N. Ste. 109 Farmers Branch, TX 75244

AGENT

Signature: Date:

Name: Address:

Agent of: CGM Username: