



BILLABLE ACCOUNT REQUEST FORM

Company Name: _____

Mailing Address: _____

Primary Account Holder Name: _____ Title: _____

Email: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Website: _____

Authorization Number: _____ ORI #: MD _____

Reason For Fingerprinting / Type of Check: _____

Accounting Contact Name: _____ Title: _____

Phone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

Email: _____

Our company wishes to pay for the following services for our employees (Please check all that apply). Any services not checked will be charged to the employee at the time services are rendered.

- Fingerprinting & Background Check Costs
 - Full Background Only - \$52.00
 - FBI Only - \$34.00
 - State Check Only - \$38.00
- Notary Services - \$4.00 per notary signature
- Passport Photos - \$10 per set (2)

Account Terms:

All invoices are due upon receipt. Any invoices not paid in full within 30 days from the invoice date will incur a \$25.00 late fee per month, and 3% interest per month on any outstanding monies owed. This fee is accumulative and will continue to accrue until the full amount of the invoice is paid. Any account that becomes 60 days overdue with any invoice will be placed on a "hold status" until payment is made in full of all outstanding invoices. If an account is placed in "hold status" any services requested will be required to pay at the time of service. As a condition of setting up an account with 1A Fingerprinting, the client is agreeing to these terms without any changes or modifications, and agrees to keep their account in good standing. These terms and conditions may be updated or changed with notice in writing from 1A Fingerprinting. Accounts may be discontinued or cancelled with or without cause by 1A Fingerprinting. The client is responsible for any fees, charges, or expenses incurred by 1A Fingerprinting to collect any monies owed up to and including any legal fees.

BILLING CREDIT CARD NUMBER

Card Type (circle one):

VISA MASTER CARD DISCOVER AMERICAN EXPRESS

Card Number: _____

Name on Card: _____

Exp Date: _____ / _____ CVV Code: _____

Authorized Signature on Card: _____

(Cardholder Signature above)

By signing above I approve and acknowledge that I give permission to 1A Fingerprinting (aka 3rd Eye Surveillance, llc.) to charge any monies owed for fingerprinting services, or any other services offered by 1A Fingerprinting to the above credit card. The services rendered to the Client and/or its employees as notated on this document will be invoiced to the client at the end of each month. All invoices are due upon receipt. A \$25.00 late fee and an interest fee of 3% per month (or partial month) will be added to any outstanding balances, until paid in full. 1A Fingerprinting reserves the right to deny services to any client or customer that has any outstanding balances.