



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)

BILLING CREDIT CARD NUMBER

Card Type (circle one): VISA MASTER CARD DISCOVER AMERICAN EXPRESS

Card Number: _____ Exp Date: _____ / _____

Name on Card: _____ 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 charged to the clients card at the end of the business day, unless otherwise discussed with the client beforehand. If there is any issues with the collection of the monies due, the client will be contacted to correct the issue. A 2.5% late fee and an administrative fee of \$10.00 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.