



**NEW ACCOUNT APPLICATION
CHECK ONE OR BOTH**

Mobile Service Send my applicants into your location

Customer Name:		
Business Name:		
Description of your business/Industry or Reason for Fingerprinting:		
Billing Address:		
City:	State:	Zip:
Business Phone:	Email:	

FINGERPRINT AUTHORIZATION FORM (FAF) INSTRUCTIONS

Check any or all that apply:

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| <input type="checkbox"/> Medical Marijuana | <input type="checkbox"/> AZ DPS Level One Clearance Card | <input type="checkbox"/> Medical Board |
| <input type="checkbox"/> Dept. of Insurance | <input type="checkbox"/> AZ DPS IVP Clearance Card | <input type="checkbox"/> ADOT |
| <input type="checkbox"/> Board of Nursing | <input type="checkbox"/> Board of Technical Registration | <input type="checkbox"/> Out of State |
| <input type="checkbox"/> Security Guards | <input type="checkbox"/> Standard FD-258 | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> AZ Fingerprint Check (Must register with AZ DPS) | | |
| <input type="checkbox"/> FBI Fingerprint Check (Not for employment purposes) | | |

- | | |
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| Invoice for: <ul style="list-style-type: none"> <input type="checkbox"/> Fingerprinting only \$25 <input type="checkbox"/> Extra cards per person \$10 <input type="checkbox"/> ID Photos \$15 <input type="checkbox"/> Notary \$10 <input type="checkbox"/> FBI Fingerprinting \$89 | <input type="checkbox"/> Full Service Fingerprint Clearance Card \$99: Includes Fingerprinting plus DPS Fee for fingerprint clearance card application. Service available via mobile or corporate offices in Mesa (456 W. Main St.) and Phoenix (2432 W. Peoria Ave.) |
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Customer will be sent a statement of charges at the end of each month. The Customer acknowledges responsibility to pay an amount equal to the total of all purchases and charges reflected on the statement, whether incurred by the Customer or by an individual authorized by the Customer. Check payments must be received by the Center within 30 days of the statement date.

In the event that a charge is rejected or a check is returned for any reason, Customer agrees to make full and prompt payment immediately upon receipt of notice. Customer is responsible for and will reimburse any fees or charges incurred by the Center as a result of a rejected charge or returned check.

Interest at the rate of 1.5% per month will be assessed on the total of any amounts not paid within thirty (30) days of the statement date. The Customer agrees to pay any and all costs, including reasonable attorneys' fees, incurred by the Center in an attempt to collect any outstanding balance(s). The Center may, in its sole discretion, suspend or cancel any House Account with a balance unpaid more than 30 days after the statement date.

This credit card authorization does not constitute an agreement to provide, nor is it intended to imply the existence of, any extension of credit or any credit option. The Center may, at its discretion, restrict charges on this House Account in general or with respect to any type of products and/or services. The Center may also cancel this agreement at any time for any reason by giving written notice to the Customer, at which time all amounts then outstanding are due and payable immediately. By signing the document, Customer (you) agree fully to the above conditions without exception.

Customer Signature:	Date:
Printed Name:	Title:

Email completed form to info@arizonalivescan.com or FAX to 602-374-4690