



**NEW ACCOUNT APPLICATION
CHECK ONE OR BOTH**

Mobile Service (at my location)
Recurring Service at Arizona Livescan Locations
(complete Fingerprint Authorization Form below)

Customer Name:		
Business Name:		
Billing Address:		
City:	State:	Zip:
Business Phone:	Email:	

FINGERPRINT AUTHORIZATION FORM INSTRUCTIONS

Based on your selections, we will create a FAF that will be used as a form of payment when your applicant visits our offices and forwarded onto our billing department for invoicing.

Medical Marijuana	Level One Clearance Card	Medical Board
Dept. of Insurance	IVP Clearance Card	ADOT
Board of Nursing	Board of Technical Registration	Out of State
Security Guards	Standard FD-258	Other: _____

Invoice for:	Fingerprinting only	Fingerprinting plus DPS Fee for Fingerprint Clearance Card
	Extra cards per person	ID Photos

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 accounts@arizonalivescan.com or FAX to 602-374-4690

Arizona Livescan Fingerprinting • 2432 W Peoria Ave, Phoenix, AZ 85029 • 602-246-3444