



**NEW ACCOUNT APPLICATION - CHECK ONE OR BOTH**

- Onsite Service at my Location (quoted as requested)
- 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**

**COMPLETE IF EMPLOYEES WILL UTILIZE WALK-IN LOCATIONS**

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.

**Check all those that apply:**

- \_\_\_\_\_ AZ, Fingerprint Clearance Cards - Non-IVP
- \_\_\_\_\_ AZ, Fingerprint Clearance Cards - IVP
- \_\_\_\_\_ AZ, DPS Applicant Service (Fingerprint Check)
- \_\_\_\_\_ State of Arizona, Licensing Board:

**Invoice for**

- \_\_\_\_\_ Fingerprinting only--# of cards: \_\_\_\_\_
- \_\_\_\_\_ Fingerprinting plus DPS fee: 1 card
- \_\_\_\_\_ Extra cards: # needed \_\_\_\_\_
- \_\_\_\_\_ ID Photos # needed: \_\_\_\_\_

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](mailto:accounts@arizonalivescan.com) or FAX to 602-374-4690