



BILLABLE ACCOUNT REQUEST FORM

Company Name: _____

Mailing Address: _____

Phone Number: (_____) _____ - _____

Website: _____

PRIMARY ACCOUNT HOLDER:

Name: _____

Title: _____

Email: _____

Phone: (_____) _____ - _____

ACCOUNTING CONTACT: *(If different from account holder)*

Name: _____

Title: _____

Email: _____

Phone: (_____) _____ - _____

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BILLING CREDIT CARD NUMBER

Only used if monthly invoices are not paid by customer or
when pre-authorization is given by client.

Card Type *(circle one):*

VISA MASTER CARD DISCOVER AMER EXP

Card Number: _____

Name on Card: _____

Exp Date: ____ / ____ **CVV Code:** _____

☐ Check here to automatically charge this card each month
after the invoice is emailed to the client.

Auth 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 noted on this document will
be invoiced to the client at the end of each month per the terms and
agreements on this document.

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 - \$58.00

FBI Only - \$40.00

State Check Only - \$44.00

☐ Notary Services - \$6.00 per notary signature

☐ Passport Photos - \$14 per set (2)

Authorization Number: _____

ORI #: MD _____

Reason/Type of Background *(Check One):*

☐ Adult Dependent Care ☐ Individual Review

☐ Child Care ☐ Government Licensing

☐ MSP Licensing

☐ Private Party Petition*

Position: _____
*(Must provide position authorized by CJIS)

Account Terms:

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. 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 30 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 be paid at the time of service. These terms and conditions, and pricing may be updated or changed with or without notice 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, collection costs, postage, miscellaneous expenses, court fees, time & labor fees, or any other fees associated with the collection of the monies owed by the account holder.

Signature of Account Holder: _____

Date: _____