

American BioIdentity, Inc.
dba ColoradoFingerprinting.com

110 Sixteenth Street, 8th Floor, Denver, CO 80202

Complete the form and either fax: (303) 749-5516 or scan or take a picture and email
 billing@americanbioidentity.com

Customer Name & Address: _____

Point of Contact: _____ Phone: _____ Email: _____

CONCJ# _____ Daycare License# (if applicable) _____

Thank you for choosing **American BioIdentity, Inc.** ("ABI"). This page confirms our agreement with you. **ABI** will provide fingerprinting services at any of our locations throughout the State of Colorado. ABI will generate a monthly invoice and accounting of the name and date of service for all of Customer's applicants who received fingerprint services that month. Customer agrees to pay this invoice within 30 days of receipt. Invoice payments not received within 30 days will incur interest at 18% apr.

<u>Type of Fingerprint Service</u>	<u>Payment Preference Choose One</u>
Colorado Applicant Background Check Service (CABS)	CBI Fee + \$15 Fingerprinting Fee – Institution Covers Entire Fee
	Split Payment With Institution Covering CBI Fee and Applicant Paying \$15 Fingerprinting Fee
	Custom Split Payment Institution Covering \$ _____ and Applicant Paying \$ _____

As a part of our quick approval and payment protection plan, we require your credit card information.

Please choose from the following options (check your choice).

Please invoice and hold the credit card number as a payment guarantee. * I also authorize **American BioIdentity** to charge the card **30 days** from the invoice date if payment is not satisfied.

Please charge the credit card and send me a detailed receipt. * **American BioIdentity** is authorized to charge my credit card for services that I have requested for my company.

VISA MASTER AMEX DISCOVER

Credit Card Number: _____ **Exp.** _____ / _____

Name on Card: _____ **CVV:** _____

Card Billing Address: _____

Street _____ City: _____ State: _____ Zip: _____

Tax ID#(TIN) or SSN: _____

* The card number and your company information will be verified within few hours. In order to verify your credit card and company information, credit information or report will be accessed and verified. Fraudulent card information will be reported to law enforcement agencies as well as credit reporting bureaus immediately.

Cardholder Signature: _____ **Company Name:** _____

_____ **By:** _____

Name: _____

Date: ____ / ____ / ____

Title: _____