

American BioIdentity, Inc. dba ColoradoFingerprinting.com

700 17th St 10th Floor Denver CO 80202 Phone: 720-292-2722

Complete the form and either scan and email it or take a picture and email it to
billing@americanbioidentity.com

Customer Name & Address: _____

Point of Contact: _____ Phone: _____ Email: _____

Client CBI Unique IDs: _____ Daycare License# (if applicable) _____

Thank you for choosing **American BioIdentity, Inc.** ("ABI"). This page confirms our agreement with you.

ABI will provide fingerprint capture services at ABI's fingerprinting locations or through a mobile collector at applicant's location throughout 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 15 days of receipt. Invoice payments not received within 30 days will incur interest at 18% apr.

| Type of Fingerprint Service | Payment Preference Choose One |
|---|--|
| Colorado Applicant Background Services (CABS) | CBI Fee + \$16.50 Rolling Fee - Institution Covers Entire Fee |
| | Split Payment With Institution Covering CBI Fee and Applicant Paying the Rolling Fee |
| | Custom Split Payment Institution Covering \$ _____ a 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 a 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:

Title:

Date: ____ / ____ / ____