

Account Set-Up Form

<u>Company Information</u>		<input type="checkbox"/> Check here to subscribe to our newsletters!
_____		_____
<i>Company Name</i>	<i>Company Address</i>	
_____	_____	_____
<i>Company Phone Number</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<u>Contact & Billing Information</u>		
_____	_____	_____
<i>Main Contact Name</i>	<i>Phone</i>	<i>Main Contact Email</i>
_____	_____	_____
<i>Alternate Contact Name</i>	<i>Phone</i>	<i>Alternate Contact Email</i>
_____	_____	_____
<i>Billing Contact Name</i>	<i>Phone</i>	<i>Billing Email</i>
_____	_____	_____
<u>Card on File (Optional)</u>		
_____	_____	_____
<i>Credit Card Number</i>	<i>Exp. Date</i> <i>CVV</i>	<i>Name on Card</i> <i>Zip</i>
<p><i>High 5 Fingerprinting, LLC agrees to carry company debt and bill company/client for services rendered bi-weekly. All invoices are sent via email. The cost of requested service will be entered next to service description. A late fee of \$20.00 may be added to invoices unpaid over 30 days.</i></p>		

Check Services Requesting:

<input type="checkbox"/> BCI:	<input type="checkbox"/> FBI:	<input type="checkbox"/> BFBI:	<input type="checkbox"/> Rolled Ink:	<input type="checkbox"/> Instant 5 Panel Drug Test:
<input type="checkbox"/> Instant 12 Panel Drug Test:	<input type="checkbox"/> NON-DOT Drug Test:	<input type="checkbox"/> DOT Drug Test:	<input type="checkbox"/> Alcohol Test:	
<input type="checkbox"/> Nicotine Test:	<input type="checkbox"/> Physical Exam:	<input type="checkbox"/> DOT Physical Exam:	<input type="checkbox"/> TB Test Step 1 & 2:	
<input type="checkbox"/> BMV Driver History:	<input type="checkbox"/> E-Verify:	<input type="checkbox"/> CPR/AED:	<input type="checkbox"/> First Aid:	<input type="checkbox"/> Notary:
<input type="checkbox"/> DNA/Paternity Test:		<input type="checkbox"/> Office of Inspector General (OIG) Search:		

Ohio Revised Code (ORC)/Reason for Fingerprinting - FBI Code: _____ BCI Code: _____

Electronically Sent to Ohio Agency (if any) - _____

List any Special Instructions: _____

Signature of High 5 Fingerprinting Representative Date Signature of Company / Client Representative Date

**** Signing this form confirms services requested and their prices as a mutual agreement between High 5 Fingerprinting LLC and the Client ****

Net 30 days on all invoices. You may put a card on file or send payment to the Corporate Office