



TRU-SCAN Fingerprint Services

"We'll Impress You Every Time"

An LTP Inc. Company

Tru Scan Partner:

We are so pleased to partner with your firm to provide you with your live scan fingerprinting needs. We would appreciate your completing this form to establish a billing account between your agency and Tru Scan Fingerprint Services.

In order to qualify as a billing client, ***you must provide*** either a DOJ BILLING NUMBER or a VISA OR MASTERCARD account number. Monthly billing and payment by check will only be approved if used in conjunction with a DOJ BILLING Number.

Agency or Organization Name: _____

Mailing Address: _____

Physical Address: _____

Person(s) responsible for scheduling appointments for our services and who will be contact person for communication with our staff at Tru-Scan:

Name: _____ Phone: _____ EMAIL: _____

The following is for *Accounts Payable*:

Name: _____ Phone: _____ EMAIL: _____

Please check which one applies;

Credit Card

Number# _____ Expiration Date: _____

Billing address include city, state and zip _____

DOJ BILLING NUMBER

Number# _____

Email Invoice to: NAME: _____ email address: _____

Acknowledgements:

1. By signing below the above named Agency acknowledges that if an employee or volunteer comes to Tru Scan offices or uses Tru Scan mobile services, then the Agency has authorized our

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(707) 566-7226

www.truscanfingerprints.com

EIN# 26-4635348

services by providing Live Scan Forms used by the Agency and that the Agency is solely responsible for any and all fees for services provided. Should any billing issues arise because of a miscommunication between the Agency and the employee or volunteer, the Agency agrees to pursue the matter with the employee or volunteer for reimbursement. The agency will pay any and all fees associated with transactions provided by Tru Scan for the time period listed on the invoice.

2. Also by signing this form, the Agency agrees to pay a fee should we arrive at a specified site location to provide mobile fingerprint services and for whatever reason, the employee, volunteer or agency is not ready for said appointment, a fee will be charged to the Agency of \$30.00 to cover the missed appointment.
3. Tru Scan sends invoices via email on the 1st and 15th of each month. Normally we appreciate payment within 10 days unless other arrangements have been made and agreed upon. Should an invoice not be paid within 10 days without prior authorization, a \$10.00 fee will be added to any pending invoices.

AGENCY HEAD OR AUTHORIZED REPRESENTATIVE:

Signature

Date

Print Name

Please fax to 707-566-7223 or Email to info@truscanfingerprints.com.

Thank you for your business:

Tony, Lynda and Tyler

TRUSCAN STAFF ONLY

RECEIVED BY: _____ DATE: _____

Entered into QB By: _____ DATE: _____