

**American BioIdentity, Inc.**  
**dba ColoradoFingerprinting.com**

110 Sixteenth Street, 8<sup>th</sup> Floor, Denver, CO 80202  
 Fax: (303) 573-1779; Tel: 720-292-2722

Customer Name & Address: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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 45 days will incur interest at 18% apr.

<u>Type of Fingerprint Service</u>	<u>Fee Per Transaction</u>
<b>Colorado Applicant Background Service (CABS) background Checks</b>	<b>CBI Fee + \$10 Fingerprinting Fee</b>

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 **45 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: \_\_\_\_\_

Date: \_\_\_\_\_