



FYI FINGERPRINTS

3696 Park Ave, Suite 103

Ellicott City, MD 21043

Ofc. (410) 418-4657

Fax (410) 418-5820

www.fyifingerprints.com

E-mail rcbart04@aol.com

COMMERCIAL ACCOUNT FORM

CJIS CONNECTED FOR LIVE SCAN FINGERPRINTING

FYI charges the same fees as CJIS @ Reisterstown Plaza

Company Name: _____

Mailing/Billing Address: _____

CJIS Authorization No. _____

Phone number: _____

Fax number: _____

Accounting/Financial Contact at company: _____

Contact information for Primary Account Handler:

Name: _____

Phone: _____ **e-mail:** _____

Please check ONE OPTION and fill out appropriate information below:

Payment option #1: Credit Card Account

Card type (please circle one): Visa MasterCard American Express

Card number: _____ CVV _____

Exp. Date: _____ Name on card _____

Authorization signature for card: _____

Primary account holder: _____

Payment option #2: BILLABLE

You can send FYI a check or money order for monthly invoices. We request that the invoices be paid immediately upon receipt.

Bank _____

Checking Account No. _____

Routing No. _____

Authorized Signature(s) _____

Payment fees to be covered as requested by Agency/Company Check one

1. Fingerprinting Fee only. ____

2. CJIS License Fee only. ____

3. Fingerprinting and CJIS Fee. ____

Submitted by: _____ **Date** _____