

UPDATE

Customer Account Information

Legal Company Name: _____

Legal Address: _____

Tax ID: _____ *if tax exempt submit exemption certificate

Primary Contact Name: _____

Primary Contact Phone : _____

Primary Contact Email : _____

Secondary Contact Name: _____

Secondary Contact Phone : _____

Secondary Contact Email : _____

The primary contact will receive all NCAC Authorization Codes ordered via the email provided and should be the individual over the fingerprint/background check process for your organization. Please make sure your organizations IT Dept. (or equivalent) adds COUEPAccounts@ps-IDEMIA.com to your companies 'white list' so the delivery of the NCAC Authorization Codes is not blocked by your internet security.

***PLEASE NOTE, If there are any issues with your NCAC account, we will only speak with the point of contacts listed above.**

Please fax this form back with initial NCAC agreement and credit card authorization to **615-993-5983**.

***Please note if contact information in the future needs to be changed, it must be done so through email to:**
COUEPAccounts@ps-IDEMIA.com by an established POC.