

State of Delaware REORDER

Live Scan Fingerprint Services

This NCAC Agreement ("Agreement") is between IDEMIA Identity and Security USA, LLC ("IDEMIA") and the company or organization identified below ("Customer"), and sets forth the terms and conditions under which IDEMIA will provide no-charge authorization codes ("Authorization Code(s)") to Customer for distribution to applicants required to submit to a fingerprint based background check ("Applicant(s)") through the State of Delaware, Digital Fingerprint Program.

	ime IDEMIA collects their fingerprints and verifies their biographic n of Applicant Information, IDEMIA will charge the credit card t ("Credit Card").
this Agreement and a Credit Card Authorization Agreement. Al Customer or at the date of expiration of the Credit Card, which Codes that have not been redeemed before expiration. IDEMIA v	order of 150) Authorization Codes to Customer upon execution of I of the codes will expire one (1) year of the date of issuance to ever occurs first. Customer will not be charged for Authorization will provide additional Authorization Codes at a quantity (minimum ption of additional Authorization Codes provided to Customer will
IDEMIA will provide all Authorization Codes to an email addres may distribute the Authorization Codes to applicants via any me	s provided by Customer, in a password-protected file. Customer thod of delivery (e.g., email, US mail).
	the Delaware Fingerprint service code identified by the Customer nce fee for every applicant who uses an NCAC code assigned to
	thorizes or dictates a fee increase or decrease in Fingerprint fees, Authorization Codes occurring on or after the effective date of the
to Customer and provided to IDEMIA by applicants, regardless of	onsible for all Credit Card charges for Authorization Codes issued of whether the corresponding Authorization Codes are obtained or did not issue the Authorization Codes, or that are transferred in ributes the Authorization Codes.
otherwise unable to obtain payment through the Credit Card, or i	nt processor or by the issuer of the Credit Card, or if IDEMIA is if any IDEMIA charges to the Credit Card are refused or disputed, occssing any further applicants of Customer, until such time that blved.
Please indicate acceptance of these terms by having an author IDEMIA via fax at 952-945-3326.	ized representative of Customer sign below and return a copy to
ACCEPTED AND AGREED TO:	DATE:
Name of Customer:	EIN or Tax ID:
Signature	Printed Name:
Title:	
Service Code(s):	