

NEW ACCOUNT APPLICATION

State in which I plan to conduct fingerprinting:

Firm Name:

Address:

City:

State:

Zip:

Primary Contact Name:

Primary Contact Email:

Primary Contact Telephone:

Secondary Contact Name:

Secondary Contact Email:

Secondary Contact Telephone:

Deposit Amount \$

Authorized Signature:

Date:



Please submit your form via fax or email to:

- Fax (615) 871-0845 - Attn: New Accounts
- billingaccounts@morphotrust.com - Subject line: New Accounts

Please allow 5 business days for this account to be established, as this application will need to go through an approval process. Your account number will be communicated to the primary contact email address listed on this application when the account number is established.

Thank you,

MorphoTrust USA
Billing Department

MorphoTrust USA - Billing Department - 6840 Carothers Pkwy, Suite 650 – Franklin, TN 37067
billingaccounts@morphotrust.com