



Dear Customer,

You have requested to open a new account with MorphoTrust USA. The attached form is our account application.

Please complete this form and submit to:

**Attn: New Accounts**  
**MorphoTrust, USA**  
**6840 Carothers Pkwy, Ste. 650**  
**Franklin, TN 37067**

***If you are establishing an escrow account you must submit a check or a completed credit card authorization form and attach along with this application.***

Thank you for your business and if you have any questions please contact the Billing Department at [billingaccounts@morphotrust.com](mailto:billingaccounts@morphotrust.com).

Thank you,  
Billing Department  
MorphoTrust,USA



## NEW ACCOUNT APPLICATION

**State in which I plan to conduct fingerprinting:**

**Firm Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Primary Contact Dept & Name:**

**Primary Contact Email:**

**Primary Contact Telephone:**

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**Secondary Contact Name:**

**Secondary Contact Email:**

**Secondary Contact Telephone:**

**Deposit Amount \$**

**Authorized Signature:**

**Date:**

MorphoTrust USA - Billing Department - 6840 Carothers Pkwy, Suite 650 – Franklin, TN 37067

[billingaccounts@morphotrust.com](mailto:billingaccounts@morphotrust.com)



**Please submit your form via fax or email to:**

- **Fax (615) 871-0845 - Attn: New Accounts**
- **[billingaccounts@morphotrust.com](mailto: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](mailto:billingaccounts@morphotrust.com)**