



Dear Customer,

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

The escrow account works like a debit account. You will put funds into the account and use the billing account number IDEMIA issues to you to pay for the appointments. There is no maximum or minimum that is required to be in the account, but we do ask that you have enough in the account to cover fingerprint appointments. If there are not enough funds in the account to cover a fingerprint appointment then you will not be able to schedule anyone paying with the billing account.

To establish an escrow account, you must submit a check OR complete the credit card authorization (included) along with this application.

If you are funding the new account with a check please send the check along with the completed new escrow paperwork to:

Attn: New Accounts
IDEMIA
340 Seven Springs Way, Ste. 200
Brentwood, TN 37027

If you are funding the new escrow account using credit card authorization, you can email or fax the completed forms.

- Fax (952) 945-3326 - Attn: New Accounts
- billingaccounts@us.idemia.com - Subject line: New Accounts

Please allow five to seven business days for this account to be established, as this application will need to go through an approval process. Your account number & how to use your account will be communicated to the primary contact's email address listed on this application when the account number is established. Thank you for your business and if you have any questions please contact the Billing Department at billingaccounts@us.idemia.com.

Thank you,
Billing Department
IDEMIA



NEW ESCROW ACCOUNT APPLICATION

IF HAND WRITING, PLEASE PRINT LEGIBLY

<u>For Internal Use ONLY</u>	
Acct#:	_____
Application Received:	_____
Account Set-Up Date:	_____
Emailed Operations:	_____
Email Account Details to Customer:	_____

Date:	State Program and ORI Number:	
Legal Company Name:		
Legal Street Address:		
City:	State:	Zip Code:

Primary Contact Name:	Primary Contact Phone:	Primary Contact Email:
Alternate Contact Name:	Alternate Contact Phone:	Alternate Contact Email:
Second Alternate Contact Name:	Second Alternate Contact Phone:	Second Alternate Contact Email:
Third Alternate Contact Name:	Third Alternate Contact Phone:	Third Alternate Contact Email:

***PLEASE NOTE - A primary contact is required, alternate contacts are not required but suggested. We will only speak with the contact (or contacts) listed above regarding any inquiry of your account.**

Deposit Amount:

Authorized Signature:

IDEMIA - Accounts Department - 340 Seven Springs Way, Suite 200 – Brentwood, TN 37027

Fax: (952) 945-3326

Email: billingaccounts@us.idemia.com



Credit Card Authorization Form

Current Date:

<u>For Internal Use ONLY</u>	
Charge Date:	<input type="text"/>
Approval Code:	<input type="text"/>
Apply Date:	<input type="text"/>
Email Receipt:	<input type="text"/>

Please allow **TWO** business days for payment to post to your IDEMIA account.

A receipt will be sent to the primary account contact on file once the transaction is complete.

IF ALL INFORMATION IS NOT FILLED OUT REQUEST WILL NOT BE PROCESSED. IF HAND WRITING, PLEASE PRINT LEGIBLY

CUSTOMER INFORMATION

Customer Account Name:	Account # or Customer ID:(New Accounts - Do Not Fill In)
Customer Contact:	Customer Contact Phone Number:

CUSTOMER AUTHORIZATION

By signing below, I authorize IDEMIA to charge my credit card ending in
 (last four digits of card) in the amount of \$ as payment for the Customer Account
 referenced on this form.

Signature: (Must be Cardholder's Physical Signature)	Current Date:
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Printed name:	Email:
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To Be Retained

To Be Destroyed

CARD HOLDER INFORMATION

Full Name on Card:	Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
WE DO NOT ACCEPT DISCOVER CARD OR AMERICAN EXPRESS			
Credit Card Number:	Expiration Date:	CSV Code:	

Amount to be charged in USD\$:

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