



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**  
**6840 Carothers Pkwy, Ste. 650**  
**Franklin, TN 37067**

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

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

Thank you,  
Billing Department  
Idemia



**NEW ESCROW ACCOUNT APPLICATION**

**IF HAND WRITING, PLEASE PRINT LEGIBLY**

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

Date:	State In Which I Plan To Conduct Fingerprinting:	
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 - Billing Department - 6840 Carothers Pkwy, Suite 650 – Franklin, TN 37067**

**Fax: (615) 871-0845**  
**Email: [billingaccounts@us.idemia.com](mailto:billingaccounts@us.idemia.com)**



# Credit Card Authorization Form

Current Date:

**For Internal Use ONLY**

Received Date: \_\_\_\_\_

Approval Code: \_\_\_\_\_

Account Issue Date: \_\_\_\_\_

Email Account  
Details to Customer: \_\_\_\_\_

**IF HAND WRITING, PLEASE PRINT LEGIBLY**

### CUSTOMER INFORMATION

Customer Account Name: \_\_\_\_\_ Account Number:(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:

Printed name:

Email:

To Be Retained

To Be Destroyed

### CARD HOLDER INFORMATION

Full Name on Card: \_\_\_\_\_ Card Type: Visa \_\_\_\_\_ Master Card \_\_\_\_\_

**WE DO NOT ACCEPT DISCOVER CARD OR  
AMERICAN EXPRESS**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSV Code: \_\_\_\_\_

Amount to be charged in USD\$:

**Idemia - Billing Department - 6840 Carothers Pkwy, Suite 650 – Franklin, TN 37067**

**Fax: (615) 871-0845**

**Email: [billingaccounts@us.idemia.com](mailto:billingaccounts@us.idemia.com)**