REORDER FORM

Last Four Digits of Credit Card: _____



Reason for printing:

New York Civil Fingerprint Vendor Managed Network

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 NY Civil Fingerprint Vendor-Managed Network Program.

	the time IDEMIA collects their fingerprints and verifies their biographic n of Applicant Information, IDEMIA will charge the credit card identified by ard").
Agreement and a Credit Card Authorization Agreement. All of the at the date of expiration of the Credit Card, whichever occurs to been redeemed before expiration. IDEMIA will provide addition	Im order of 50) Authorization Codes to Customer upon execution of this he codes will expire six (6) months of the date of issuance to Customer or first. Customer will not be charged for Authorization Codes that have not hal Authorization Codes at a quantity (minimum order of 50) requested by zation Codes provided to Customer will be governed by the terms of this
IDEMIA will provide all Authorization Codes to an email addreddistribute the Authorization Codes to applicants via any method	ess provided by Customer, in a password-protected file. Customer may I of delivery (e.g., email, US mail).
	to the New York Fingerprint service code identified by the Customer in this e for every applicant who uses an NCAC code assigned to Customer.
	uthorizes or dictates a fee increase or decrease in Fingerprint fees, IDEMIA ization Codes occurring on or after the effective date of the fee change.
Customer and provided to IDEMIA by applicants, regardless of v	esponsible for all Credit Card charges for Authorization Codes issued to whether the corresponding Authorization Codes are obtained or redeemed the Authorization Codes, or that are transferred in violation of any terms tion Codes.
unable to obtain payment through the Credit Card, or if any IDEN	nt processor or by the issuer of the Credit Card, or if IDEMIA is otherwise MIA charges to the Credit Card are refused or disputed, IDEMIA will require applicants of Customer, until such time that IDEMIA notifies Customer that
Please indicate acceptance of these terms by having an author via fax at 615-993-5983 or via email to: NYUEPACCOUNTS@u	rized representative of Customer sign below and return a copy to IDEMIA us.IDEMIA.com.
ACCEPTED AND AGREED TO:	DATE:
Name of Customer:	EIN or Tax ID:
Signature:	Printed Name:
Title:	_
Service Code (s):	
ORI:	Applicant type: