



This NCAC Agreement ("Agreement") is between IDEMIA Identity and Security USA, LLC ("IDEMIA") and the company or organization identified below ("Customer")...

Applicants will present an Authorization Code to IDEMIA at the time IDEMIA collects their fingerprints and verifies their biographic information ("Applicant Information").

IDEMIA will provide an initial quantity of _____ (minimum order of 50) Authorization Codes to Customer upon execution of this Agreement and a Credit Card Authorization Agreement.

IDEMIA will provide all Authorization Codes to an email address provided by Customer, in a password-protected file. Customer may distribute the Authorization Codes to applicants via any method of delivery (e.g., email, US mail).

IDEMIA will debit the Credit Card for the amount corresponding to the Pennsylvania Fingerprint service code identified by the Customer in this agreement. Customer will also be charged a \$1 convenience fee for every applicant who uses an NCAC code assigned to Customer.

If the Commonwealth of Pennsylvania or other relevant government agency authorizes or dictates a fee increase or decrease in Fingerprint fees, IDEMIA will charge Customer the new fee for any redemption of Authorization Codes occurring on or after the effective date of the fee change.

Customer acknowledges and agrees that Customer will be responsible for all Credit Card charges for Authorization Codes issued to Customer and provided to IDEMIA by applicants, regardless of whether the corresponding Authorization Codes are obtained or redeemed by fraud...

If a charge to the Credit Card is declined by IDEMIA's payment processor or by the issuer of the Credit Card, or if IDEMIA is otherwise unable to obtain payment through the Credit Card...

Please indicate acceptance of these terms by having an authorized representative of Customer sign below, and return a copy to IDEMIA at PAUEPAccounts@ps-IDEMIA.com or via fax at 615-993-5983.

ACCEPTED AND AGREED TO:

IF HAND WRITING, PLEASE PRINT LEGIBLY

DATE: _____

Company Name: _____

EIN or Tax ID: _____

Signature: _____

Printed Name: _____

Title:

Service Code (s): _____

ORI: _____

Applicant type: _____

Reason for printing: _____