MorphoTrust USA ("MorphoTrust") is pleased to offer a new service - "No Charge Authorization Codes" or "NCAC(s)". This service will allow you to establish an account that is backed by a major credit card (currently VISA, MasterCard, Discover and AMEX).

The benefit of a credit card-backed NCAC account is that your credit card is charged only when one of your applicants is printed and an NCAC is redeemed. During applicant registration, when "NCAC" is selected as the payment method, the applicant will be prompted to enter the NCAC assigned to your account, thus reserving the NCAC for that applicant and his or her appointment.

Unless otherwise requested, NCACs will expire 6 (six) months from date of issuance or at the credit card expiration date, whichever comes first. Expired NCACs will not be charged to your credit card. This feature is designed to assist you in controlling the distribution of NCAC codes and assist in preventing fraud. The assigned point of contact (POC) for your account will be responsible for issuing and controlling the use of NCACs provided. The POC should request all of your applicants to provide the POC with a copy of their enrollment receipt in order to assist you with your record-keeping.

Please review the following guidelines before you open an NCAC account.
- A minimum of 10 (ten) NCAC codes must be requested at any one time.

- Customers may open only one account per tax ID number.

- Complete and return the attached NCAC Agreement, Credit Card Authorization and Customer Account Information forms in their entirety to our billing department, via fax at 615-871-0845.

- The Customer Account Information form is used to identify those email addresses to which MorphoTrust should send NCACs for your account.

- Upon receipt and execution of the requested documentation, MorphoTrust will provide your POC with an account name. Allow 3-5 business days for processing.

- The tax ID number will be the identifier for your account, along with an account name. The POC must provide this information to order additional NCACs.

- Additional NCACs may be requested by submitting a re-order form, located at the "Forms" link on our web site (www.identogo.com). All re-order forms must be submitted via email to: PAUEPAccounts@Morphotrust.com.

- You will be charged a $1 convenience fee for every applicant who uses an NCAC code assigned to your account.

If the NCAC payment method does not work for you, other payment options are available.
- Credit Card (Card holder must be present)
- Money Order or Business Check

UEP Universal Enrollment Platform

Steps to Redeem an NCAC

1 Pre-enroll and schedule a fingerprint appointment in the Commonwealth of Pennsylvania at www.identogo.com

2 During the pre-enrollment, when prompted to choose the form of payment, select the NCAC option and enter the NCAC provided to the applicant.

3 The applicant will be prompted for another form of payment if the NCAC is invalid. The service code selected during pre enrollment must match the Service Code provided by the applicant at the time an NCAC is provided as payment must be the same. Otherwise, the applicant will be required to pay for his or her enrollment with a payment method other than NCAC.

4 MorphoTrust will provide your applicants with a receipt, indicating confirmation of payment by NCAC. This is not a credit card receipt and does not, therefore, reflect the $1 per-applicant fee.

5 Ensure that the applicant retains or returns a copy of the receipt to you for your records. The applicant may ask for more than one copy of their receipt at the enrollment center at the time of fingerprinting.

NCAC Credit Card Agreement
Pennsylvania
Digital Fingerprint Program

This NCAC Agreement ("Agreement") is between MorphoTrust USA, LLC ("MorphoTrust") and the company or organization identified below ("Customer"), and sets forth the terms and conditions under which MorphoTrust 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 Commonwealth of Pennsylvania, Digital Fingerprint Program.

Applicants will present an Authorization Code to MorphoTrust at the time MorphoTrust collects their fingerprints and verifies their biographic information ("Applicant Information"). Upon MorphoTrust's collection of Applicant Information, MorphoTrust will charge the credit card identified by Customer in a Credit Card Authorization Agreement ("Credit Card").

MorphoTrust will provide an initial quantity of _____ (minimum order of 10) Authorization Codes to Customer upon execution of this Agreement and a Credit Card Authorization Agreement. All of the codes will expire within six (6) months of the date of issuance to Customer or at the date of expiration of the Credit Card, whichever occurs first. Customer will not be charged for Authorization Codes that have not been redeemed before expiration. MorphoTrust will provide additional Authorization Codes at a quantity (minimum order of 10) requested by Customer. The provision and redemption of additional Authorization Codes provided to Customer will be governed by the terms of this Agreement.

MorphoTrust 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).

MorphoTrust 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. The receipt provided to the applicant at time of service will indicate payment via NCAC and is not a credit card receipt and does not, therefore, reflect the $1 convenience fee established with this agreement.

If the Commonwealth of Pennsylvania or other relevant government agency authorizes or dictates a fee increase or decrease in Fingerprint fees, MorphoTrust 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 MorphoTrust by applicants, regardless of whether the corresponding Authorization Codes are obtained or redeemed by fraud, redeemed by persons to whom Customer did not issue the Authorization Codes or that are transferred in violation of any terms and conditions under which Customer distributes the Authorization Codes.

If a charge to the Credit Card is declined by MorphoTrust's payment processor or by the issuer of the Credit Card, or if MorphoTrust is otherwise unable to obtain payment through the Credit Card, or if any MorphoTrust charges to the Credit Card are refused or disputed, MorphoTrust will require payment in full prior to or at the time of processing any further applicants of Customer, until such time that MorphoTrust notifies Customer that the payment issue has been resolved.

Please indicate acceptance of these terms by having an authorized representative of Customer sign below, and return a copy to MorphoTrust via fax at 615-871-0845.

ACCEPTED AND AGREED TO:

Name of Customer: _____

Tax ID: _____

Service Code or ORI _____

Signature _____

Printed Name: _____

Title: _____

Date: _____

![UEP Universal Enrollment Platform logo]

Customer Account Information

Legal Company Name: _____

Legal Address: _____

_____

Tax ID: _____ *if tax exempt submit exemption certificate

Primary Contact Name: _____

Primary Contact Phone : _____

Primary Contact Email : _____

Secondary Contact Name: _____

Secondary Contact Phone : _____

Secondary Contact Email : _____

Please fax this form back with initial NCAC agreement and credit card authorization to **615-871-0845**

*Please note if contact information in the future needs to be changed, it must be done so through email to: PAUEPAccounts@Morphotrust.com by an established POC.

Universal Enrollment Platform

Credit Card Authorization: UEP 'Authorization Code' payments

Current Date: [   ]

Tax ID: [   ]

CUSTOMER INFORMATION

Company Name:	Contact Email Address:
Customer Contact:	Contact Phone Number:

CUSTOMER AUTHORIZATION

By signing below, I authorize MorphoTrust USA to charge my credit card ending in [   ]
(last four digits of card) for the full transaction value of each unique 'Authorization Code' presented
for the purpose of completing any UEP transaction performed on my companies behalf.

Signature (must be 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
- [ ] Discover   [ ] American Express

Credit Card Number: Credit Card Expiration Date:

CSV Code:

MorphoTrust USA - Billing Department - 6840 Carothers Pkwy, Suite 650 – Franklin, TN 37067
FAX COMPLETED AUTHORIZATION FORM TO: 615- 871- 0845