

REORDER FORM Last Four Digits of Credit Card: _____

NCAC Credit Card Agreement

Pennsylvania Digital Fingerprint Program

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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.

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	hoTrust at the time MorphoTrust collects their fingerprints and verifies Upon MorphoTrust's collection of Applicant Information, MorphoTrust will dit Card Authorization Agreement ("Credit Card").
execution of this Agreement and a Credit Card Author date of issuance to Customer or at the date of expiration charged for Authorization Codes that have not been re-	(minimum order of 10) Authorization Codes to Customer upon rization Agreement. All of the codes will expire within six (6) months of the con of the Credit Card, whichever occurs first. Customer will not be edeemed before expiration. MorphoTrust will provide additional (0) requested by Customer. The provision and redemption of additional terned by the terms of this Agreement.
	n email address provided by Customer, in a password-protected file. pplicants 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: