

Account Setup Form

<u>Company Information</u>				
_____ <i>Company Name</i>		_____ <i>Company Address</i>		
_____ <i>Company Phone Number</i>		_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
<u>Contact & Billing Information</u>				
_____ <i>Main Contact Name</i>		_____ <i>Phone</i>	_____ <i>Main Contact Email</i>	
_____ <i>Alternate Contact Name</i>		_____ <i>Phone</i>	_____ <i>Alternate Contact Email</i>	
_____ <i>Billing Contact Name</i>		_____ <i>Phone</i>	_____ <i>Billing Email</i>	
<u>Card on File (Optional)</u>				
_____ <i>Credit Card Number</i>		_____ <i>Exp. Date</i>	_____ <i>CVV</i>	_____ <i>Name on Card</i>
<i>High 5 Fingerprinting, LLC agrees to carry company debt and bill company/client for services rendered bi-weekly. All invoices are sent via email. The cost of requested service will be entered next to service description. A late fee of \$20.00 may be added to invoices unpaid over 30 days.</i>				

Check Services Requesting (Select all that apply):

<input type="checkbox"/> BCI:	<input type="checkbox"/> FBI:	<input type="checkbox"/> BCI & FBI:	<input type="checkbox"/> Rolled Ink:	<input type="checkbox"/> Alcohol Test:	<input type="checkbox"/> Nicotine Test:
Instant Drug Test - <input type="checkbox"/> 5 Panel <input type="checkbox"/> 12 Panel:		Lab-Based Drug Test - <input type="checkbox"/> Non-DOT <input type="checkbox"/> DOT: - Panel ID:			
Hair Drug Test - <input type="checkbox"/> 5 Panel <input type="checkbox"/> 5 Panel Expanded:			Physical Exam - <input type="checkbox"/> Fit for Duty <input type="checkbox"/> DOT:		
TB Test - <input type="checkbox"/> (1 Step) <input type="checkbox"/> (2 Step):		<input type="checkbox"/> BMV Driver History:		<input type="checkbox"/> Offender/Abuser Registry Search:	
CPR Training - <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> BLS - <input type="checkbox"/> First Aid <input type="checkbox"/> CPR/AED:					

Ohio Revised Code (ORC)/Reason for Fingerprinting - FBI Code: _____ BCI Code: _____

Send to Ohio Agency/Department (if any) - _____

Send Background Checks to Company, if possible? If yes, to who's attention? - _____

List any Special Instructions: _____

Signature of High 5 Fingerprinting Representative *Date* _____
Signature of Company/Client Representative *Date*

** Signing this form confirms services requested and their listed prices are a mutual agreement between High 5 Fingerprinting LLC and the Client **
Net 30 days on all invoices. You may put a card on file or send payment to the Corporate Office
H5F1 Account Setup 03/29/21