

Trace2 Biometrics, LLC
6972 W North Ave.
Chicago, IL 60707
Phone: 773.494.2211 / Fax: 877.305.4899
www.trace2biometrics.com

Service Agreement

Agreement Date (renewed yearly): _____

ORI # (assigned by ISP): _____ Purpose Code: _____ (program fingerprinted under)

Client Name (organization): _____

Full Address _____ (including city & state)

Name of responsible party: _____

Email of responsible party: _____

Phone: _____ (include extension)

Agreed Fee: _____, per person (additional \$2 credit card fee applies, per transaction)

Service Requested: Trace2 Biometrics, LLC will provide the above referenced organization/company with Live Scan Fingerprinting services as per the State of Illinois law.

Method of Payment (please pick one option):

____ - Credit card on file- billed per transaction

____ - Net 15, billed to the organization and payable via check or ACH (invoice emailed to the address on file).

Signature: _____ Date: _____

For Credit Card Info:

Print Name on credit card: _____

Credit Card #: _____

Expiration Date: _____ Code on back of card: _____ Zip Code: _____