



I hereby authorize Background Resources, Inc. to charge the credit card listed below for payment of Live Scan Fingerprinting fees. I certify that I am authorized to sign this form and owner of credit card listed below.

Individual to be Fingerprinted:

Name _____

Reason For Fingerprinting:

State Requirement Other _____

Credit Card Type: AMEX () MasterCard () VISA ()

Name on Card: _____

Billing Address for Card: _____

Credit Card Number _____

Expiration Date ____/____ VID Code** _____ **(REQUIRED FIELD)**

Customer Signature _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Background Resources, Inc will keep all information entered on this form strictly confidential

**** Most credit cards display the code on the back of the card, just above the signature and at the end of the regular account number.**

For Office Use Only :

DATE:

AMOUNT:

APPROVAL CODE: