



**employeescreenIQ Fingerprint Order Form**

First Name		Last Name	
Home Address			
City		State	Zip
Phone Number		Email	
Occupation			
<input type="checkbox"/>	I would like a copy sent to my home address (Check Here)		

**Service (Check one)**

<input type="checkbox"/>	Ohio BCI	\$ 45.00
<input type="checkbox"/>	Ohio BCI and FBI	\$ 92.00
<input type="checkbox"/>	FBI Only	\$ 52.00
<input type="checkbox"/>	Copy Only	\$ 16.00

**Payment**

<input type="checkbox"/>	Money Order
<input type="checkbox"/>	American Express
<input type="checkbox"/>	Visa
<input type="checkbox"/>	Mastercard

<b>Reason for Fingerprint</b>	
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<b>Entity for Fingerprint</b>	
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