



CHOOSE YOUR RETENTION PROGRAM

You have just successfully completed the fingerprinting process. Whether you received our kit in the mail, drove to one of our office locations, or had one of our mobile technicians come to you, you are now eligible for enrollment in one of our record retention programs! These programs make future fingerprint requests simple, easy, and have the opportunity to save you hundreds of dollars in fingerprinting fees and hours of time and hassle.

Essentially, we have a record of your fingerprints that have proven to be acceptable by the FBI for quality; under normal circumstances we routinely delete these records and shred any remaining fingerprint cards every 30 days. With a retention program, we will save these prints for you in a secure vault for a predetermined period (from one year to a lifetime, see below). When you are asked for a set of prints at any time in the future (applying for a license, employment, etc.), give us a call at (855)722-6695 and let us know and we will send them to anyone who accepts them. Neither retention program includes the variable costs of third party fees.

SELECT ONE:

Secure Hard Card Storage

This is a yearly program to retain your hard cards for future use. I understand and agree to pay a **\$12.00 fee per year** for the secure hard card storage and further understand that the fee is non-refundable. By signing below, I authorize 01001010 Biometrics Inc. d/b/a Binary Biometrics to charge the credit card below in the amount of \$_____ (\$12.00 x YEARS)

--OR--

Lifetime LiveScan™ (Best Deal)

For a one-time enrollment fee of \$119 you will never pay for fingerprinting services with Binary Biometrics after your initial LiveScan. By signing below, I authorize 01001010 Biometrics Inc. d/b/a Binary Biometrics to charge the credit card below a non-refundable fee in the amount of one hundred nineteen dollars (\$119.00).

Name on Card: _____

Credit Card Number: _____

Expiry Date: _____ CVV: _____ Contact Number: _____

Billing Address: _____

City/Town: _____ State/Province: _____ ZIP/POSTAL: _____

Email Address: _____

Signature

Date