

CARD SCAN INFORMATION

Thank you for choosing Above Biometrics for your card scan needs.

Please follow these directions to process your fingerprint card.

*Please send your signed FD-258 FBI card to:*

**Above Biometrics**

**Attn: Card Scan**

**1363 Green Knolls Drive**

**Buffalo Grove, IL 60089**

*Please include the following:*

1. Check for $65 or included credit card information sheet

If you would prefer a call to pay, please include your best contact number.

1. Also, let us know if you would prefer text or email for your TCN# and your credit card receipt.
2. Your Cell number or your email address
3. Any paperwork required for the state

**CREDIT CARD AUTHORIZATION FORM**

Cardholder Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

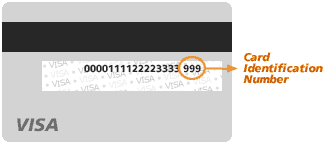
Credit Card Number:

 \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_

Expiration \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Billing Zip Code:  \_\_\_\_\_\_\_\_

CVV Number (last 3 digits on the back or 4 digits on front of AMEX):  \_\_\_\_\_\_\_\_



Amount Charged:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (USD)

Apply Amount to: Invoice# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Send the authorization to:***

[jay@abovebiometrics.com](mailto:jay@abovebiometrics.com)

or in with your FBI card mailing