A Fingerprinting U S Photo, Inc.
210 S Clark St
THE CLARK ADAMS BLDG
Ground Floor Lobby
Chicago, IL 60603

Ph: 312-782-8143 / 312-782-8144
Email: fingerprintingchicago@gmail.com
www.fingerprintingchicago.com

NAME CHECK / CBC REQUEST FORM

UCIA - IL STATE ONLY

Person Being Checked:

Name Checks cost $25 each person, each time.

Last Name: _____ First Name: _____ Middle Initial: _____

Daytime Phone: _____

E-Mail: _____

Date of Birth: _____

Sex: Male Female

Race: White Black Hispanic Asian Other

E-Mail: _____

Send Results to:

(For your protection, results will only be sent via e-mail.)

Name: _____

E-Mail: _____
(You may list multiple e-mails to receive the results.) _____

Phone: _____

Payment:

Please see attached Credit Card Payment Form.
Or e-mail the payment information directly to fingerprintingchicago@gmail.com

A Fingerprinting U S Photo, Inc.

210 S Clark St
THE CLARK ADAMS BLDG
Ground Floor Lobby
Chicago, IL 60603

Ph: 312-782-8143 / 312-782-8144
Email: fingerprintingchicago@gmail.com
www.fingerprintingchicago.com

CREDIT CARD PAYMENT FORM

Name Checks cost $25 each person, each time.

Name(s) Being Checked: _____

Card-Holder Name: _____

Company Name:
(if applicable) _____

Billing Address: _____

City, State, Zip: _____

Country: _____

Phone: _____

E-Mail: _____

Credit Card Type: Visa Mastercard Discover American Express
(circle only one)

Credit Card Number: _____

Expiration Date: _____ 3- or 4-Digit Code: _____

Total Amount to be Charged
to the Card ($25 per person) _____

Card Holder Signature: _____

I understand and agree to the cardholder agreement & by doing so, I give my permission to A Fingerprinting U S Photo to charge the above card for the amount listed.

** You may also e-mail the above information directly to us: fingerprintingchicago@gmail.com **