



## CREDIT REQUEST - APPLICANT LIVE SCAN FINGERPRINT BILLING

Date: \_\_\_\_\_

### Agency Information:

Name: \_\_\_\_\_ Customer Billing Number: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agency Fax: \_\_\_\_\_

### Reason for Requesting Credit:

Duplicate Billing     Rejected     Incorrect Billing Number     Unknown Applicant     Other

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Billing Period: \_\_\_\_\_

**Please include REQUEST FOR LIVE SCAN SERVICE, Form BCIA 8016, if available.**

Additional Information:

**E-mail Credit Request to:** DOJ.AppBill@doj.ca.gov