

## Request for a Customer Number for New Webcheck Equipment

## **Purpose:**

This form is required for new *Webcheck* customers to establish a billing account **and** for current customers that purchase new *Webcheck* machines. A separate customer number/billing account is required for every *Webcheck* machine.

## **Process:**

Electronically fill out this form in its entirety and e-mail it to:

WebcheckRequest@OhioAGO.gov

**DO NOT PRINT AND MAIL THIS FORM.** A unique identifier for your new *Webcheck* machine will be e-mailed, within two (2) business days, to the e-mail addresses you provide in the form.



## **Request for New BCI Webcheck Customer Number**

Name of Agency				
Federal Tax ID				
Indicate which vendor y	your will be using			
Biometric Information Management	DataWorks Plus	Innovative Biometric Systems		
Address of Agency for	Mailed Webcheck F	Results		
Contact for Webcheck Subi Address	missions			
City	State Zip Code Fax Number			
Phone Number	Fax N	Number		
Is the physical location of the	he Webcheck machine	the same as the address above?	Yes	No*
*If no, please provid	de physical location add	dress:		
Billing Contacts (*Invoid	cing is paperless; please l	list at least one billing contact)		
Name		E-mail Address		
1				
2				
3				
5				
3				
Do you currently have a	any other Customer	ID's or Webcheck numbers as	ssigned by B	CI?
Yes	No			
*If Yes, please list either: Nan	ne of Agency <u>or</u> 6 digit C	Customer ID number associated with th	e account	

Please email this form to WebcheckRequest@OhioAGO.gov to submit this request. Please do not print this form to fill out manually.