



Agency Billing Agreement

Applicant background checks processed through the Tennessee Applicant Processing Service (TAPS) may be billed directly to the applicant's employer or requesting agency (ORI HOLDER). This billing process is known as AGENCY PAY.

AGENCY PAY

- This is a voluntary payment option for ORI HOLDERS.
- AGENCY PAY participants will be issued a unique Agency Billing Code, returned to the below listed person via email.
- AGENCY PAY participants will be responsible for payment of ALL background check service charges incurred for transactions that use the Agency's ORI and the Agency's Billing Code.
- AGENCY PAY accounts are billed automatically each month.
- AGENCY PAY accounts are required to register their applicants online at [www.tennessee.cogentid.com](http://www.tennessee.cogentid.com). No telephonic enrollment is available for AGENCY PAY
- The ORI Holder acknowledges that in the absence of this signed agreement, applicants fingerprinted under the ORI Holder's ORI will be designated as APPLICANT PAY and the applicants will be responsible for prepayment of their fingerprint services.

By signing this form,

- You understand that your Agency is required to register your applicants online a [www.tennessee.cogentid.com](http://www.tennessee.cogentid.com).
- You authorize Cogent Systems to render fingerprint services for applicant background checks to ALL applicants registered with your Agency's ORI number and Agency Billing Code.
- You acknowledge that Cogent Systems does not possess the means to validate who may/may not use your ORI number and therefore, cannot be held responsible for non-authorized fingerprint services rendered to applicants in possession of your ORI and Agency Billing Code.
- You authorize the monthly fingerprint charges incurred by applicants using your ORI to be billed to the below listed authorized individual/ORI holder.
- You understand that payment in full is required within thirty (30) days of invoice receipt. Failure to keep your account current will result in the loss of your ability to use the Tennessee TAPS Applicant Processing Service.
- You authorize AGENCY PAY payment designation to remain in effect until cancelled, in writing. Once cancelled, the payment option for your Company or Agency will default to APPLCIANT PAY

Please acknowledge that you have read, and agree to, the terms of this agreement by completing the information below and returning this form via fax to 614-718-9694 or mail to Cogent Systems, 5450 Frantz Road, Suite 250 Dublin, OH 43016.

Agency Name: \_\_\_\_\_ ORI Number \_\_\_\_\_ OCA (DCS Only) \_\_\_\_\_

Authorized Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Address 1: \_\_\_\_\_ Agency Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address (check if same as above )

Attention: \_\_\_\_\_

Street1: \_\_\_\_\_ Street2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

By: \_\_\_\_\_

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