



I.D. Kit Order Form

Child I.D. fingerprint kits are 75¢ each.

Agency Name: _____

Contact Name: _____

Address: _____
(PO Box's not allowed)

City: _____ State: _____ Zip: _____

Phone: _____

Fax: _____

Email: _____

How many finger print kits _____

Total cost: _____

Method of Payment

Visa MasterCard Check

Credit Card #: _____

Expiration Date: _____

Please mail or fax to:

Professional Insurance Agents of Wisconsin, Inc. • 6401 Odana Road Madison, WI 53719

Phone: 800-261-7429 • (608) 274-8188 • Fax: 608-274-8195

www.piaaw.org