

I.C.U. Inc.

1-888-342-7737
FAX (866) 329-8787



BUG SWEEP ORDER FORM

*This order form/disclaimer must be filled out
entirely for us to process your request*

Orders will not be taken from or concerning Massachusetts residents. Got Bugs? Don't know? ICU Inc. will identify and locate any bugs in your office or home. Step 1. Do not contact us using a suspected telephone. Step 2. Determine the center for each room. Be able to place a phone in the center of the room. The only information we require is your telephone contact number and time.	1 Room 30' x 30" or less	\$50.00
	2 Rooms 30' x 30" or less	\$75.00
	3 Rooms 30' x 30" or less	\$100.00
	4 Rooms 30' x 30" or less	\$125.00
	5 Rooms 30' x 30" or less	\$150.00
	6 or more rooms	Call for Pricing

TELEPHONE CONTACT NUMBER	TIME
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SPECIAL INSTRUCTIONS OR INFORMATION

THE REASON I AM REQUESTING THIS INFORMATION IS (Check One)

- I am attempting to contact an old friend or relative
- I am requesting information in regards to civil litigation: *(If pending, fill in "pending")*

Case No. _____ Court Name _____

NOTE: All information requests are held in confidence. No information will be disclosed to the person about whom you are requesting information.

I hereby affirm, certify and swear that the reason that I have requested this information is for the sole reason stated above, and that I have bona fide reason to request this information. I also swear that this information will not be used for anything illegal, immoral, obscene, or violent. I authorize you to bill my credit card, and agree to pay the issuing bank in accordance with my cardholder agreement.

CREDIT CARD INFORMATION Visa, MasterCard, American Express, Discover

CARDHOLDER NAME	CARDHOLDER ADDRESS
CITY, STATE, ZIP	PHONE NO.
CARD NUMBER	EXPIRATION DATE

SEND THE INFORMATION TO ME: (Please Check Only One Item Below)

- By mail at the above address
- By fax at this number _____
- By E-Mail at this address _____

SIGNATURE _____