I.C.U. Inc. 1-888-342-7737 FAX (866) 329-8787



## **BUSINESS TYPE TRACER** \$10 1st page, \$5 2nd or more

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.

This service is great for finding a business. It is the same as checking every phone book in the United States.			
Normal turn around time is 2 days. It may, however, take up to 4 days.			
The only information we require is the name.			
NAME			
AREA TO BE CHECKED (CITY, STATE, WHOLE COUNTRY)			
SPECIAL INSTRUCTIONS OR INFORMATION			
THE REASON I AM REQUE	ESTING THIS IN	NFO	RMATION 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, MasterCa	ard,	American Express, Discover
CARDHOLDER NAME	CARDHOLDER ADDRESS		<u> </u>
CITY, STATE, ZIP			PHONE NO.
CARD NUMBER		EXPIRAT	TION 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			