

I.C.U. Inc.

1-888-342-7737

FAX (866) 329-8787



UTILITY COMPANY TRACER ORDER FORM \$75.00

*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.

Normal turn around time is 4 days. It may, however, take up to 7 days. Rush Delivery, turn around time is 2 days. Please ✓ appropriate choice:

I want a: County search (Insert county here) _____ Reg. Price: \$75 Rush Price: \$112
 State search (Insert state here) _____ Reg. Price: \$225 Rush Price: \$337
 US Reg. Price: \$500 Rush Price: \$750

The only information we require is the name and social security number, however, the more information you can provide the sooner we will be successful.

NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH	TELEPHONE NUMBER
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 _____