

I.C.U. Inc.

1-888-342-7737

FAX (866) 329-8787



**WORKER'S COMPENSATION TRACER
ORDER FORM \$50.00**

*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. here for Rush Delivery, turn around time is 2 days. Please appropriate choice:

I want a: County search (Insert state here) _____ Reg. Price: \$50 Rush Price: \$75
 State search (Insert state here) _____ Reg. Price: \$150 Rush Price: \$225
 US Reg. Price: \$400 Rush Price: \$600

The only information we require is the name and social security number.

NAME	SOCIAL SECURITY NUMBER
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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 _____