

# I.C.U. Inc.

1-888-342-7737

FAX (866) 329-8787



## CURRENT EMPLOYER TRACER ORDER FORM \$150.00

*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.

A judgement is only worth the paper it is printed on, unless you have an attachable asset. Garnishing someones wages is the best way to get your money. If your subject is employed we will find out where

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. - Price: \$225.00

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.

\*There will be a \$50.00 sur charge if a social security number is not provided.

|                  |                                     |                         |                   |
|------------------|-------------------------------------|-------------------------|-------------------|
| NAME             |                                     | *SOCIAL SECURITY NUMBER |                   |
| ADDRESS          |                                     | CITY, STATE, ZIP        | HOME PHONE NUMBER |
| USUAL OCCUPATION | 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 \_\_\_\_\_