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



## CORPORATION 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 Mas	sachusetts residents.
days. Please 🗸 appropriate choice:	ver, take up to 7 days. Rush Delivery, turn around time is 2
I want a:  state search (Insert state here) _ US	Reg. Price: \$50 ☐ Rush Price: \$75 ☐ Reg. Price: \$150 ☐ Rush Price: \$225
	ne corporation. Any addresses or tax ID numbers used by
that corporation would be helpful but are not nec	cessary.
NAME OF CORPORATION	CORPORATE ID NUMBER
ADDRESS OF CORPORATION	I
SPECIAL INSTRUCTIONS OR INFORMATION	
THE REASON I AM REQUESTING THIS INFORMATION IS (Check One)	
THE REASON I AM REQUESTIN	G 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 Cour	t Name
<b>NOTE:</b> 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 CARDHOLD	DER ADDRESS
CITY, STATE, ZIP	PHONE NO.
CARD NUMBER	EXPIRATION DATE
SEND THE INFORMATION TO ME:	
(Please Check Only <u>One</u> Item Below)	
By mail at the above address	
By fax at this number	
By E-Mail at this address	
SIGNATURE	