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



## **HUMAN TRACER ORDER FORM \$250.00**

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.

Everybody has to be somewhere, we will find them, anybody, anytime, anywhere. Our seasoned staff of investigators specialize in missing persons.

Due to the complexities of this type of investigation, it may take up to two weeks, however, it may take up to 21 days

	livery, turn around time is require is the name and accessful.	•		ever, the more information you can provide
NAME				SOCIAL SECURITY NUMBER
STATE TO CHECK	DATE OF BIRTH	USUAL OCCUPATION	ON	
LAST KNOWN ADDRESS			LAST KNOWN PHONE NUMBER	
LAST KNOWN JOB	RELATIVES NAMES	RELATIVES NAMES AND PHONE NUMBERS		
SPECIAL INSTRUCTIONS OR INFOR	RMATION			
I am	attempting to contact	an old friend or rela	tive	RMATION IS (Check One) on: (If pending, fill in "pending")
Case	e No	Court 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.				
reason stated above information will not	ve, and that I have bona t be used for anything il	a fide reason to requ llegal, immoral, obso	est this	ed this information is for the sole is information. I also swear that this riviolent. I authorize you to bill my reardholder agreement.
CREDIT CARE	INFORMATION	Visa, MasterC	ard,	American Express, Discover
CARDHOLDER NAME		CARDHOLDER ADDRESS		
CITY, STATE, ZIP		1		PHONE NO.
CARD NUMBER		EXPIRATI	ON 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				