

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.

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

NAME _____ *SOCIAL SECURITY 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 _____