

ACCUINTEL

Accurate Intelligence and Polygraph

FAX completed/signed request to 949-666-5309

ASSET SEARCH SERVICE REQUEST

Client/Attorney/Firm Name: _____		Bar No.: _____	
Address _____		City, State, Zip _____	
Telephone _____	Fax _____	Email/Other _____	
Your File No: _____			

SUBJECT/BUSINESS (if more space is needed please use page 3)

(PRINT) First Name/Business _____	Middle Name _____	Last Name _____	Maiden/Other _____
Social Security Number _____	Issuing ST _____	Date of Birth _____	Drivers License # _____ State _____

LAST KNOWN ADDRESSES (WORK /HOME)

Last Known Home Street Address _____	City _____	State _____	Zip _____	Length: Yr./Mo. _____
Last Known Employment Name / Address _____	City _____	State _____	Zip _____	Length: Yr./Mo. _____
Other: _____				

PLEASE INDICATE ASSET REQUESTS BELOW:

<input type="checkbox"/> Level One Asset Search - \$700.00	<input type="checkbox"/> Level Two Asset Search - \$1050.00
<input type="checkbox"/> Level Three Asset Search - \$2500.00 and up	

<input type="checkbox"/> Brokerage Account Locate \$125.00 no hit fee / \$750.00 locate	<input type="checkbox"/> Bank Balance Check Individual - \$100.00
<input type="checkbox"/> Off-Shore Accounts -\$1050.00 and up	<input type="checkbox"/> Credit Card Transactions \$50.00 no hit fee / \$200.00 per trans period
<input type="checkbox"/> Statewide Bank Locate – Person \$75.00 no hit fee / \$350.00 locate	<input type="checkbox"/> Real Estate Locate \$150.00
<input type="checkbox"/> Nationwide Bank Locate – Person \$125.00 no hit fee / \$750.00 locate	<input type="checkbox"/> Employment History \$50.00 no hit fee / \$200.00 locate
<input type="checkbox"/> Statewide Bank Locate – Business \$75.00 no hit fee / \$450.00 locate	<input type="checkbox"/> Credit Report \$35.00 (With Signed Authorization)
<input type="checkbox"/> Nationwide Bank Locate – Business \$125.00 no hit fee / \$850.00 locate	<input type="checkbox"/> Other – Describe in Additional-Miscellaneous

Accurate Intelligence & Polygraph

27758 Santa Margarita Parkway, Suite 265, Mission Viejo, California 92691 - Telephone: 1-877-262-7640

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*Asset searches are strictly regulated by the FTC, DPPA and GLB Act. ACCUINTEL will perform searches in accordance with the Local, State and Federal Laws and Regulations. Official Documentation is required prior to an investigation. The scope and level of the investigation is based on the type of investigation:

- Execution of an EXISTING COURT ISSUED Judgment
- Collection of Child Support
- Probate
- Substantiate Proof of Fraudulent Activity
- Pre Litigation (limited)

Please include a copy of the JUDGMENT OR COURT ORDER or other necessary information.

Client authorizes ACCUINTEL to conduct this investigation and certifies that all information submitted is for legal and permissible purposes only. Client agrees that ACCUINTEL and employees are empowered to perform said services for and on behalf of the client and do all things necessary, appropriate or advisable in performing said services. Client understands ACCUINTEL has made no guarantee to the client as to the results of the investigation and strict compliance with the aforementioned regulations will be adhered to. Client agrees to hold ACCUINTEL harmless from any and all damages, which are occasioned by any disclosure or non-disclosure of any part of said reports and investigative results. Any misrepresentation of yourself, your intentions will be pursued to the fullest extent of the law.

Signature

Position

Date

Return Report Via:

Fax
 US Postal
 Fed Ex
 E-mail
 Phone
 Other

Payment Information:

Check Attached No.:

MO Attached No.:

I authorize ACCUINTEL to charge my credit card in the amount of \$ _____ for Investigative Services.

Credit Card Information:

VISA
 MC
 AMEX
 DSCVR
 EXPIRATION DATE: _____
 CVV NUMBER _____

Credit Card Numbers _____

Name(s)
on Card _____

Billing Address _____

Signature

Position

Date

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Invoice Information: Upon completion of the assignment ACCUINTEL will submit an invoice (preferred/approved law firms, insurance agencies, banks with an on-going relationship only)

Client agrees to pay Invoice 7 days after receipt. Client Initials _____

Billing Contact Name _____ Position _____ Phone Number - extension _____

Billing Name and Address _____ Suite # _____ City _____ State _____ Zip Code _____

ADDITIONAL- MISCELLANEOUS
