

# 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:

Level One Asset Search - \$700.00	Level Two Asset Search - \$1050.00
Level Three Asset Search - \$2500.00 and up	

<b>Brokerage Account Locate</b> \$125.00 no hit fee / \$750.00 locate	<b>Bank Balance Check</b> Individual - \$100.00
<b>Off-Shore Accounts</b> -\$1050.00 and up	<b>Credit Card Transactions</b> \$50.00 no hit fee / \$200.00 per trans period
<b>Statewide Bank Locate – Person</b> \$75.00 no hit fee / \$350.00 locate	<b>Real Estate Locate</b> \$150.00
<b>Nationwide Bank Locate – Person</b> \$125.00 no hit fee / \$750.00 locate	<b>Employment History</b> \$50.00 no hit fee / \$200.00 locate
<b>Statewide Bank Locate – Business</b> \$75.00 no hit fee / \$450.00 locate	<b>Credit Report</b> \$35.00 (With Signed Authorization)
<b>Nationwide Bank Locate – Business</b> \$125.00 no hit fee / \$850.00 locate	<b>Other</b> – 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****Accurate Intelligence & Polygraph**

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