



<h1>INVESTIGATION REFERRAL FORM</h1>

DATE: _____

Client Name: _____ Email: _____

Firm Name: _____ Phone: _____

Address: _____ Phone 2: _____

City, State, Zip: _____ Fax: _____

Investigation / Requested Matter: _____

Other : _____

Subject Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone 2: _____

Additional Information / Instructions: (Descriptions, Vehicles, DL, SSN, etc.)

If additional space is needed please type on separate piece of paper. Include as much information as possible. Include all pictures, exhibits, and other beneficial information with this form when submitting a new investigation. Pictures can be sent to the below email.

(6) It is also agreed that in the event Agency Investigator(s) or Agent(s) appear as a witness(es), or any other capacity in court, or any other venue, on the Client's behalf, or arising from the course of the investigation, Client agrees to compensate Agency at the same fee charged for services rendered in this matter, along with mileage and expenses.

(7) All Services require a retainer to be paid in advance. RETAINERS ARE NOT REFUNDABLE UNTIL PAYMENT HAS CLEARED AGENCY'S FINANCIAL INSTITUTION. (see item 8)

(8) Any portion of the retainer not earned by Agency at the termination of the investigation will be promptly refunded to Client.

(9) It is agreed that Agency has made no guarantee to Client as to the results regarding the above-stated matter.

(10) Client further agrees that all monies owed to Agency at the completion of this investigation will be paid in full at that time. All monies not paid in full as agreed will be subject to a one and one-half percent (1-1/2 %) interest charge per month or any portion thereof for each and every month the balance remains unpaid. Client further agrees to pay all costs of collection plus reasonable attorney fees.

(11) All reports furnished to Client by Agency are for the express use of Client only unless otherwise authorized as stated above in section three (3). Client agrees to hold Agency harmless from any and all damages, which are caused by any disclosure of any part of said reports.

In Witness Whereof, the Parties have hereunto agreed to enter into this contract.

CLIENT: _____ DATE: _____

ACCEPTED FOR AGENCY BY: _____ DATE: _____



Toll Free: 877-779-6847
Local: 714-921-3136
Email: contact@southerncaliforniapi.com

Credit Card Authorization Form

Please Print Legible

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Circle Credit Card to be used: (circle one) **VISA** **MASTERCARD**

Credit Card Number: _____

Exp. Date: _____ Card Validation Number (CVN): _____
(3 digit number on back of card signature line)

Printed Name on Card: _____

Billing Address: _____

Phone Number of Cardholder: _____

I authorize that the above referenced credit card be charged the amount of: \$ _____

for: **Service of Process:** ____ **Investigative Work:** ____ **Other:** _____

Signature of Cardholder

Date

New Technologies Investigative Services
1442 E. Lincoln Ave., #105, Orange, CA 92865
Return via Fax: **(714) 242-9331** or E-mail: contact@southerncaliforniapi.com

Toll Free: 877-779-6847 - Local: 714-921-3136