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



EMPLOYER ID NUMBER DEVELOPER 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 cond | Orders will not be taken from or concerning Massachusetts residents. | | | | |
|---|--|----------------------------------|-----------------------------------|---|--|
| An Employer Identification number (E in almost any sort of litigation involvin a subsidiary's EIN? | | | | | |
| Normal turn around time is 4 days. It raround time is 2 days Price: \$75.00 | may, however, take | up to 7 days. | ☐ ✓ here for <u>F</u> | Rush Delivery, turn | |
| The only information we require is the tax ID numbers used by that corporati | | | | other addresses or | |
| NAME OF CORPORATION | ADDRESS OF CORPORATION | | | CORPORATE TAX ID NUMBER | |
| SPECIAL INSTRUCTIONS OR INFORMATION | | | | | |
| | | | | | |
| THE REASON I AM REC | QUESTING TH | IIS INFORM | ATION IS | (Check One) | |
| I am attempting to cont | tact an old friend o | r relative | | | |
| | | | (If nendina fi | II in "nendina") | |
| I am requesting information in regards to civil litigation: (If pending, fill in "pending") Case No Court Name | | | | | |
| Case No. | Court Name | 9 | | | |
| NOTE: All information requests are he about whom you are requesting informations. | | No information | will be disclos | ed to the person | |
| I hereby affirm, certify and swear that reason stated above, and that I have information will not be used for anythic redit card, and agree to pay the issu | bona fide reason to ng illegal, immoral, | request this in obscene, or vice | formation. I a plent. I author | llso swear that this rize you to bill my | |
| CREDIT CARD INFORMATION | ON Visa, Mast | terCard, Ar | nerican E | xpress, Discover | |
| CARDHOLDER NAME | CARDHOLDER ADDRE | ESS | | - | |
| CITY, STATE, ZIP | | PHC | ONE NO. | | |
| CARD NUMBER | | EXPIRATION D | ATE | | |
| | | | | | |
| | THE INFORM | | | | |
| | se Check Only | <u>One</u> Item Bei | ow) | | |
| By mail at the above address | | | | | |
| By fax at this number | | | | | |
| By E-Mail at this add | dress | | | | |
| SIGNATURE | | | | | |