



Pine Business Center
217 E. Pine Avenue
Meridian, Idaho 83642
Phone: 208-895-0074
Fax: 208-884-8257

Please print and complete information below, and fax to us at 208-884-8257

SHADOW TRACKERS INVESTIGATIVE SERVICES WILL ONLY CONDUCT BUSINESS TO PERSONS OR COMPANIES DEMONSTRATING A VALID AND LEGAL APPLICATION FOR ITS USE.

CIRCLE ANY THAT APPLY:

ATTORNEY, LAW ENFORCEMENT, COLLECTION CREDIT DEPT, LOCATOR, GOVERNMENT, PRIVATE INVESTIGATOR, INSURANCE, MISSING PERSONS, FRAUD DETECTION, TENANT VERIFICATION, INFORMATION BROKER/PROVIDER, CORPORATE, POLITICAL RESEARCHER, PRIVATE PARTY, OTHER _____

I HEREBY STATE THAT THE INFORMATION SECURED FROM SHADOW TRACKERS INVESTIGATIVE SERVICES, WILL NOT BE USED FOR ANY PURPOSES TO VIOLATE ANY STATE, LOCAL, OR FEDERAL LAWS, NOR WILL IT BE USED TO HARASS AND/OR STALK ANY INDIVIDUAL OR ENTITY. I ACCEPT FULL RESPONSIBILITY AND WILL NOT HOLD SHADOW TRACKERS RESPONSIBLE FOR ANY INFORMATION OBTAINED OR RECEIVED BY THEM.

() Your initials

NAME: _____

PHONE: _____ FAX: _____

COMPANY (If applicable): _____

ADDRESS (SEE BELOW**): _____

CITY: _____ STATE: _____ ZIP: _____

Email Address: _____ Web Site: http:// _____

CREDIT CARD INFORMATION:

Type of Credit Card: VISA / MC / AMEX / DISCOVER

Name on Credit Card: _____ Security Code on back of card _____

Credit Card # _____ Exp. Date _____

I _____ am the authorized user of this charge card.

PRINT FULL NAME

**** YOUR ADDRESS & ZIP CODE MUST BE WHERE YOUR CREDIT CARD BILL IS SENT, OR YOUR ORDER CANNOT BE PROCESSED ****

I authorize Shadow Trackers Investigative Services to charge to the credit card listed above, for agreed services rendered, and or to be rendered.

Signature _____ Date _____