



“BRING IT SERVE IT”
THANK YOU FOR CHOOSING
PS DIRECT PROCESS SERVERS
& SKIP TRACERS

WHEN YOU SEND US YOUR SERVE PLEASE REMEMBER TO INCLUDE:

- **REQUEST FOR SERVICE OR LETTER OF INSTRUCTION**
- **DOCUMENTS YOU WANT SERVED**
- **CREDIT CARD AUTHORIZATION FORM**
- **THERE IS A PRINT FEE OF .25 CENTS PER PAGE**
- **NO CHARGE FOR FIRST TEN (10) PAGES**

ALSO

- **EMAIL US AT BRINGITSERVEIT@GMAIL.COM WITH ANY QUESTIONS.**
- **IF YOU NEED TO SPEAK TO A REPRESENTATIVE PLEASE CALL US AT (866) 534.6612**
- **ONCE SERVICE HAS BEEN COMPLETED WE WILL MAIL YOU THE ORIGINAL AFFIDAVIT OF SERVICE/PROOF OF SERVICE WHICH **YOU WILL NEED TO FILE WITH THE COURT** WHERE YOUR PAPERS WERE FILED.**

THANK YOU FOR LETTING US SERVE YOU

PLEASE VISIT US AT WWW.BRINGITSERVEIT.COM FOR ALL TERMS & CONDITIONS



REQUEST FOR SKIP TRACE

EMAIL: BRINGITSERVEIT@GMAIL.COM

TEL # 866.534.6612 / FAX # 714.455.2988

YOUR INFORMATION

CONTACT NAME & FIRM		Date
Street Address		Apartment / Unit #
City	State	Zip Code
E-mail		TEL #

WHO DO YOU NEED TO FIND?

FULL NAME		SOCIAL SECURITY NUMBER
LAST KNOWN ADDRESS		DATE OF BIRTH
OTHER KNOWN ADDRESSES		CELLPHONE NUMBER
EMIAL ADDRESS 1	EMAIL ADDRESS 2	HOME PHONE NUMBER

Total fees for services rendered should not exceed \$_____ without advance authorization!

Information given to Priority Service Direct will remain confidential. Only officers of Priority Service Direct have access to any information relating to this service request. All information gathered of from reliable sources but is not guaranteed.

I acknowledge that I have read and understand this document. I further declare that the information provided in this application is for skip trace purposes relating to the court case I have indicated. READ ALL TERMS & CONDITIONS AT WWW.PRIORITYSERVICEDIRECT.COM

Signature _____

Date _____



REQUEST FOR SERVICE

EMAIL: BRINGITSERVEIT@GMAIL.COM

TEL # 866.534.6612 / FAX # 714.455.2988

IS THIS SERVE? <input type="checkbox"/> RUSH <i>*Additional fee required</i> <input type="checkbox"/> ROUTINE <i>***If not checked default service will be routine</i>	WHAT IS LAST DAY TO SERVE?
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YOUR INFORMATION

CONTACT NAME & FIRM		Date
Street Address		Apartment / Unit #
City	State	Zip Code
E-mail		TEL #

SERVICE INFORMATION

**If you are serving a entity list both the business and registered agent*

NAME OF <input type="checkbox"/> INDIVIDUAL being served <input type="checkbox"/> ENTITY being served <input type="checkbox"/> REGISTERED AGENT being served	
SERVICE ADDRESS AND TEL # is this address <input type="checkbox"/> Home <input type="checkbox"/> Work	
SECONDARY ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Work <i>*Additional fee required for service at a secondary address</i>	
DESCRIBE THE PERSON	Age Sex Race Hgt Wgt Hair Color

IMPORTANT!! SERVICE MUST BE MADE IN THE MANNER CHECKED BELOW

- PERSONAL SERVICE:** By personally delivering copies to the person(s) or entity being served.
- SUBSTITUTED SERVICE:** By personally delivering copies to the dwelling house, usual place of abode or business of the person(s) or authorized person on behalf of an entity being served. Person receiving documents must be at least _____ years of age and should be informed of the general nature of the documents. If the documents are served in this manner you should/should not mail copies of same to the address where the papers were left. May be sub on _____ attempt.
- POSTING:** By posting copies in a conspicuous manner to the address of the person/entity being served. If the documents are served in this manner, you should/should not mail copies of same to the address where the papers were left. For additional requirements, if any, see below. May be sub on _____ attempt.

DESCRIPTION OF FEES

DESCRIPTION OF SERVICE	QUOTED FEES \$\$
ROUTINE SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>Service typically within 7-10 days)</i>	
RUSH SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>(service typically within 48 hrs)</i>	
SECONDARY ADDRESS TO ATTEMPT SERVICE <i>(If PS Direct must attempt service at a 2nd address put the fee quoted for that 2nd address on this line)</i>	
SECONDARY PERSON BEING SERVED <i>(If you need a 2nd person served, put the fee quoted for that person on this line)</i>	
NOTARIZATION OF AFFIDAVIT/PROOF OF SERVICE <i>(\$15.00 Per Signature Where applicable)</i>	
WITNESS FEES <input type="checkbox"/> YOU ARE WRITING THE CHECK TO BE SERVED <input type="checkbox"/> PS DIRECT WILL WRITE THE CHECK TO BE SERVED **** ADD 10% CHECK WRITING FEE FOR PS DIRECT TO WRITE THE CHECK****	
ALL ORIGINAL AFFIDAVIT/PROOF OF SERVICE DOCUMENTS ARE SENT BACK TO YOU, HOW DO YOU WANT THEM SENT? **Rates listed are for USA delivery only, international rate do vary. <input type="checkbox"/> Fed Ex overnight-\$40.00 <input type="checkbox"/> USPS Express-\$25.00 <input type="checkbox"/> USPS Priority-\$15.00 <input type="checkbox"/> USPS Regular-No Chg	
PRINTING <input type="checkbox"/> ARE YOU FAXING OR EMAILING MORE THAT 10 PAGES? WHEN YOU FAX OR EMAIL US (11) OR MOR PAGES ADD .25 CENTS PER PAGE. **PLEASE ENTER THE AMOUN----->	
SKIP TRACING / PRIVATE INVESTIGATION <input type="checkbox"/> BASIC SKIP \$75.00 <i>(Search for an address on one (1) name)</i> <input type="checkbox"/> PRIVATE INVESTIGATIONS SERVICES	

DATE _____

TOTAL	
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I have read and understand all terms and conditions of Priority Service Direct.

(Print name) _____ **(Signature)** _____

READ ALL TERMS & CONDITIONS AT WWW.BRINGITSERVEIT.COM



CREDIT/DEBIT CARD AUTHORIZATION

EMAIL: BRINGITSERVEIT@GMAIL.COM TEL # 866.534.6612 / FAX # 714.455.2988

WHO ARE WE SERVING?		
Credit Card #		
CIV Code (3 digit code on back of card)		
Expiration Date		
Card Holder's Name		
Billing Address (The address where the Credit Card Bank sends you the bill)		
Address 1:		
Address 2:		
City	State	Zip Code

I, _____ (Signature)
authorize Priority Service Direct to process my credit/debit

card account in the amount of \$ _____ (Add \$5.00 process fee) for the services of PS
DIRECT. READ ALL TERMS & CONDITIONS AT WWW.BRINGITSERVEIT.COM