



bring it serve it!

THANK YOU FOR CHOOSING

PS DIRECT PROCESS SERVERS & SKIP INVESTIGATIONS

WHEN YOU SEND US YOUR SERVE PLEASE REMEMBER TO INCLUDE:

- REQUEST FOR SERVICE FORM
- DOCUMENTS YOU WANT SERVED
- MAKE YOUR PAYMENT AT WWW.BRINGITSERVEIT.COM
- THERE IS A PRINT FEE OF .25 CENTS PER PAGE PRINTED AFTER THE 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
- WE WILL SEND YOU EMAIL UPDATES ON YOUR SERVE
- ONCE SERVICE HAS BEEN COMPLETED WE WILL SEND YOU THE ORIGINAL AFFIDAVIT OF SERVICE/PROOF OF SERVICE WHICH **YOU WILL NEED TO FILE WITH THE COURT** WHERE YOUR PAPERS WERE FILED.

AND MOST IMPORTANT

WE ARE AT YOUR SERVICE 24/7

YOU BRING IT WE SERVE IT!

THANK YOU FOR LETTING US SERVE YOU

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



bringitserveit@gmail.com

SKIP TRACE REQUEST

Please print clearly!!

Tel no. (866) 534-6612

Fax no. (714) 455-2988

Your email address _____

So that we can more efficiently serve you, please provide us with your email address. You can visit us at www.bringitserveit.com

YOUR NAME ADDRESS AND TEL NO:

DATE: _____	CASE NO: _____
COURT: _____	
PLAINTIFF: _____	
DEFENDANT: _____	

DOCUMENTS BEING SERVED (Exactly as it should appear on the affidavit of service)

PERSON / ENTITY BEING SERVED (Exactly as it should appear on the affidavit of service)

PERSON'S FULL NAME (individual being skip traced)	AKA/MAIDEN NAME
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SOCIAL SECURITY #	D.O.B.	PERSON'S EMAIL ADDRESS
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LAST TWO KNOWN ADDRESSES:	#1	#2
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CELL PHONE #	HOME PHONE #	WORK PHONE #
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SPECIAL INSTRUCTIONS:

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 _____

Print name _____

****FOR OFFICE USE ONLY****

RESULTS:	COMMENTS:
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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

YOUR NAME / FIRM		Date
Street Address		Apartment / Unit #
City	State	Zip Code
E-mail		TEL #
Create a login and password so that We can provide status of your serve	Login	Password
		Fax #

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

CASE INFORMATION

COURT	DOCKET / CASE / INDEX #
DOCUMENTS BEING SERVED	
PLAINTIFF / PETITIONER	
DEFENDANT / RESPONDANT	

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

<i>DESCRIPTION OF SERVICE</i>	<i>QUOTED FEES \$\$</i>
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"/> FIRST TEN (10) PAGES NO CHARGE	\$00.00
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 FORM

Your completion of this authorization for helps us to protect you, our valued client, from credit card fraud. All information entered on this form will be kept strictly confidential.

Directions

- 1) Print the blank form and complete the entire form legibly with a dark ink pen. Card holder must sing on the line indicated. If you are using a Debit or Gift Card it must have the Visa or Mastercard Logo. We reserve the right to verify the provided information with your Credit Card issuing Bank.
- 2) **Fax (714) 455.2988** or scan and email to bringitserveit@gmail.com the completed form.

Contact Information

Contacts Name

Telephone #

Your Email Address

Case information

Person/Entity being served

Credit Card Information

Debit Card Credit Card Gift Card

Credit Card #

Expiration Date

Card Holder's Name

Billing Address (The address where the Credit Card Bank sends you the bill)

Address:

Address:

City

State

Zip Code

- THERE IS A \$5.00 FEE FOR PS DIRECT TO PROCESS THE TRANSACTION**
Or you can go to BRINGITSERVEIT.COM to process your payment free of charge.

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