



# REQUEST FOR SMALL CLAIMS SC100

EMAIL: [BRINGITSERVEIT@GMAIL.COM](mailto:BRINGITSERVEIT@GMAIL.COM)  
714.455.2988

TEL # 714.455.2111 / FAX #

DATE

### YOUR INFORMATION

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

### PARTIES GOING TO COURT

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

PLAINTIFF
ADDRESS
DEFENDANT
ADDRESS

### COMPLAINT

**DESCRIPTION OF FEES**

<i>DESCRIPTION OF SERVICE</i>	<i>QUOTED FEES \$\$</i>
<b>Priority Service Direct Fee</b> (fee for preparation and filing of Small Claims case SC100) <input type="checkbox"/> OPTION ONE	
<input type="checkbox"/> OPTION TWO	
<b>California Court Filing fee</b> (court required fee to process and assign case number)	
<input type="checkbox"/> \$ .01 - \$1,500.00                      \$30.00	
<input type="checkbox"/> \$1,500.01 - \$5,000                      \$50.00	
<input type="checkbox"/> \$5,000.01 - \$10,000.00                      \$75.00	

DATE \_\_\_\_\_

<b>TOTAL</b>	
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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](http://WWW.BRINGITSERVEIT.COM)**



# CREDIT CARD CHARGE AUTHORIZATION

Please print clearly!!

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. 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 [psd411@gmail.com](mailto:psd411@gmail.com) the completed form.

## Contact Information

Contacts Name
Telephone #
Your Email Address

## Case information

Case #
Person/Entity being served

## Credit Card Information

Credit Card #
Expiration Date /
Security code on card
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*) hereby authorize Priority Service Direct to charge my credit card account in the amount of \$\_\_\_\_\_ for the Process of Service and or Skip Trace for the case listed above. READ ALL TERMS & CONDITIONS AT [WWW.PRIORITYSERVICEDIRECT.COM](http://WWW.PRIORITYSERVICEDIRECT.COM)