

To: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: Credit Mediators Inc.

Fax #: 610-352-1818

Re: Client Request for Private Investigator

Company name to be investigated: \_\_\_\_\_

Street address to investigate: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please select an option and a method below:**

**(Option A)** I agree to pay a 33% contingency fee on the above placement (only available if the bill is over \$10,000, under 1 year, is still in business, and has not been placed previously with CMI)

**(Option B)** I agree to pay \$299 for the above private investigator service.

**(Method 1)** Please charge my CMI account

**(Method 2)** Please bill my credit card. My credit card number is \_\_\_\_\_ it expires on \_\_\_/\_\_\_, and it is a \_\_\_\_\_.

**(Method 3)** Please withdrawl from my checking account. My bank account number is \_\_\_\_\_ . The routing number is \_\_\_\_\_.

**(Method 4)** Enclosed is my check.

**I here by acknowledge the request for a Private Investigator through CMI to the above stated location. I also understand that the debt associated with sending out the Private Investigator has been placed with CMI for the agreed upon contingency rate. CMI will provide a PI Report within 45 business days from the date of this service request. I also hereby agree to and authorize the above selected payment option.**

Company Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Manager's Signature: \_\_\_\_\_

Debtor Number (if applicable): \_\_\_\_\_

Date Authorized: \_\_\_\_\_

Verification of Payment Type (A,B1,B2,B3,B4): \_\_\_\_\_

CMI uses licensed, bonded and insured Private Investigators. This service is only available in the United States. Use of Credit Mediators Inc.'s Private investigator service does not guarantee collection. The private investigator service fee of \$299 is separate from and in addition to the contingent fee charged by CMI for recovery. Withdrawal of accounts are subject to full fee.