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**FAX & POSTAL MAIL ORDER FORM FOR MISSING PERSON SEARCH**

**BY FAX**

(Credit Card Orders only):

Print this 3 page form, Fill in all appropriate fields, sign, and fax to the number given above.

**BY MAIL ORDER**

(Personal Check or Money order only):

Print this 3 page form, Fill in all appropriate fields, sign, and mail to the address given above.  
Checks/Money Orders are to be drawn/sent in favor of "Nicholas C.Waggoner"

**IMPORTANT:**

- 1) Please enclose your check or credit card order in the exact amount, which includes shipping and handling and the Florida State sales tax.
- 2) Sorry, No C.O.D. Orders are accepted.

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PLEASE SELECT THE TYPE OF REPORT NEEDED (**REQUIRED**)

BASIC REPORT \$25.00 + \$4.95 s/H

BASIC REPORT PLUS \$50.00 + \$4.95 s/H

NATIONAL COMPREHENSIVE REPORT \$75.00 + \$4.95 s/H

NATIONAL COMPREHENSIVE REPORT PLUS \$100.00 + \$4.95 s/H

INVESTIGATIVE SERVICE RELATED INFORMATION: (**PERSON'S NAME IS REQUIRED**)

EAST COAST INVESTIGATIONS & SECURITY REALIZES THAT YOU DO NOT HAVE ALL THE INFORMATION BELOW. HOWEVER, THE MORE INFORMATION YOU GIVE, THE EASIER THE SEARCH WILL BE AND THE MORE INFORMATION YOU WILL RECEIVE.

Person's Name

Last Address

City, State, Zip

Social Security

Driver License

Date of Birth  Approx Age

Race

Sex

- Male
- Female
- Not Known/Not Applicable

Any Other Information

**YOUR INFORMATION: (ALL INFORMATION REQUIRED)**

Full Name

Street Address

City

State, Zip

Work Phone

Home Phone

Email ID

**PLEASE "TICK" THE APPROPRIATE PAYMENT OPTION BOX & FILL IN ALL INFORMATION AS NEEDED**

FAXED ORDERS (CREDIT CARD)

CHARGE MY MASTER CARD

CHARGE MY VISA CARD

CARD NO:

CARD EXPIRY: (MM/YY)

NAME ON CARD:

MAIL ORDERS (CHECK OR MONEY ORDER)

I HAVE ENCLOSED PAYMENT BY CHECK

I HAVE ENCLOSED PAYMENT BY MONEY ORDER

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BY SUBMITTING YOUR ORDER, YOU CERTIFY THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE PROVISIONS SET FORTH BELOW AND TO EAST COAST INVESTIGATION'S TERMS OF USE. PLEASE BE ADVISED THAT THE FAIR CREDIT REPORTING ACT (15 U.S.C. SEC 1681) PROHIBITS USE OF INFORMATION OBTAINED FROM OUR SERVICE TO DETERMINE A CONSUMER'S ELIGIBILITY FOR CREDIT OR INSURANCE FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES, EMPLOYMENT OR A GOVERNMENT LICENSE OR BENEFIT. THE USE AND REDISSEMINATION OF INFORMATION OBTAINED FROM THIS FILE IS LIMITED TO USE IN THE ORDINARY COURSE AND SCOPE OF THE USER'S BUSINESS OR PROFESSION. BY SUBMITTING YOUR ORDER, YOU REPRESENT AND WARRANT THAT SUCH USE IS APPROPRIATE. WE STRONGLY SUPPORT THE EXISTENCE AND ENFORCEMENT OF ANTI-STALKING LAWS.

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SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_