



Date _____ Our File Ref# _____

INVESTIGATION SERVICE AGREEMENT

Client Information

Client File Reference: _____

Company :

Full Name: _____

Address:

First

Last

M.I.

Street Address

Apartment/Unit #

City

Province

Postal Code

Phone: () _____

E-mail Address: _____

Subject Information

Company or :

First Name _____

Last _____

Address: _____

City/P _____

Vehicle

Type: _____

Plate: _____

Color: _____

Other: _____

Subject

Weight: _____

Height _____

Hair color: _____

Picture? _____

Yes/No _____

Works at: _____

Address _____

Purpose of investigation and Details (attach additional information as needed)

I choose the (25 / 17 /12 /6 hour package). I agree to pay all hours or KMS or disbursements incurred in the investigation which are not included in the package.

Visa/MC/Amex Card number _____ expiry date ____/____/____ CV _____
DD/MM/YY

Name on Card _____ Amount authorized \$ _____ CAD

Signature _____ Date: _____

I authorize Shadow Investigations Ltd to withdraw the above amount from my credit card as a retainer which will be applied to investigation costs.