



PERMISSIVE USE REQUEST FORM

Your Collection Solution, Inc.
 1755 North University Drive
 Pembroke Pines, Florida 33324
 Toll Free: (888)378-8100 Fax (954) 424-0500
www.locateassetsnow.com info@ycscollects.com

Client Name _____

Contact _____

Address _____

City _____ STATE _____

Zip _____

Phone _____

Fax _____

E-Mail _____

Additional Notes:

TYPE OF INVESTIGATION

- Skip Trace Address Locate \$35.00
- SSN Locate \$50.00
- Skip Trace Address Locate & SSN \$50.00
- FEIN Locate \$50.00

- Nationwide Real Property Locate \$250.00
- Credit Profile \$200.00
- Business Credit Profile \$200.00
- Bank Account One State \$300.00
- Bank Account Two States \$400.00
- Nationwide Bank & Brokerage Investigation** \$600.00
Includes: Nationwide Bank Accounts, Brokerage Accounts, Money Markets, Certificates of Deposits & Safety Deposit Box

- Comprehensive Asset Investigation** \$475.00
Includes: Bank Accounts One State, Safety Deposit Box, Credit Profile, Nationwide Real Property, Motor Vehicles, Liens & Judgments

- Comprehensive Asset Investigation & Nationwide- Brokerage Investigation** \$900.00
Includes: Nationwide Bank Accounts, Safety Deposit Box, Nationwide Brokerage Accounts, Certificates of Deposits, Money Markets, Credit Profile, Nationwide Real Property, Motor Vehicles, Liens & Judgments

- Enforcement of a Judgment
- Debt Collection
- Child Support Collection
- Divorce Investigation
- Probate Estate Investigation
- Identify Assets Prior to Litigation
- Identify Assets for Settlement Purposes
- Identify Personal Assets
- Investigate Assets for a Business transaction or Partnership

Inquire About Our Volume Discounts

Permissive Use Request Form

Subject's Name: _____ SS#: _____

Business Name: _____ Fed. Tax ID#: _____

Last Known Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

I understand that I am placing an investigation. I also understand that Your Collection Solution, Inc. and its independent investigators are performing an investigation based on the information that I have provided. Your Collection Solution, Inc. has not and will not verify the information that I have provided, nor will they independently verify information obtained through its investigative sources. Your Collection Solutions, Inc. assumes no liability for the accuracy of information it has obtained or that has been obtained by its independent investigators.

Furthermore, I understand that Your Collection Solution, Inc. and its independent investigators are providing an investigative service and cannot guarantee desired results. I agree to hold harmless Your Collection Solution, Inc. for errors or omissions. I further acknowledge that Your Collection Solutions, Inc. cannot guarantee the accuracy of the information provided. I understand that requests can not be cancelled and all payments for services are non refundable. I acknowledge that all requests are submitted in accordance with the FCRA, FDCPA, and GLB including all Federal and State privacy laws that may apply. This form, containing an original signature or an original signature transmitted via facsimile shall have the same authority as if my original signature was affixed thereto.

Print Name of Individual Requesting Search: _____

Signature of Individual Requesting Search: _____