



BRING IT SERVE IT!

THANK YOU FOR CHOOSING
PS DIRECT PROCESS SERVERS & SKIP TRACING

WHEN YOU SEND US YOUR SERVE PLEASE REMEMBER TO INCLUDE:

- **REQUEST FOR SERVICE FORM**
- **DOCUMENTS YOU WANT SERVED**
- **CREDIT CARD/CHECK AUTHORIZATION OR CHECK TO COVER SERVICE FEES**
- **THERE IS A PRINT FEE OF 20 CENTS PER PAGE PRINTED AFTER THE FIRST TEN.**

ALSO

- **EMAIL US AT BRINGITSERVEIT@GMAIL.COM WITH ANY QUESTIONS.**
- **IF YOU NEED TO SPEAK TO A REPRESENTATIVE PLEASE CALL US AT (866) 534.6612**
- **WE WILL SEND YOU EMAIL UPDATES ON YOUR SERVE**
- **ONCE SERVICE HAS BEEN COMPLETED WE WILL SEND YOU THE ORIGINAL AFFIDAVIT OF SERVICE/PROOF OF SERVICE WHICH YOU WILL NEED TO FILE WITH THE COURT IN WHICH YOUR PAPERS WERE FILED.**

AND MOST IMPORTANT

WE ARE AT YOUR SERVICE 24/7

YOU BRING IT WE SERVE IT!

THANK YOU FOR LETTING US SERVE YOU

PLEASE VISIT US AT WWW.COURTSERVERS.COM FOR ALL TERMS & CONDITIONS



REQUEST FOR SERVICE

EMAIL: BRINGITSERVEIT@GMAIL.COM

TEL # 866.534.6612 / FAX # 714.455.2988

YOUR INFORMATION

IS THIS SERVE RUSH *Additional fee required ROUTINE

YOUR NAME / FIRM		Date
Street Address		Apartment / Unit #
City	State	Zip Code
E-mail		TEL #
Create a login and password so that We can provide status of your serve	Login	Password
		Fax #

SERVICE INFORMATION

PERSON OR ENTITY BEING SERVED						
SERVICE ADDRESS AND TEL # is this address <input type="checkbox"/> Home <input type="checkbox"/> Work						
SECONDARY ADDRESS <input type="checkbox"/> Home <input type="checkbox"/> Work *Additional fee required for service at a secondary address						
DESCROBE THE PERSON	Age	Sex	Race	Hgt	Wgt	Hair Color

CASE INFORMATION

COURT		
DOCKET / CASE / INDEX #	COURT DATE	LAST DATE FOR SERVICE
DOCUMENTS BEING SERVED		
PLAINTIFF / PETITIONER		
DEFENDANT / RESPONDANT		

IMPORTANT!! SERVICE MUST BE MADE IN THE MANNER CHECKED BELOW

PERSONAL SERVICE: By personally delivering copies to the person(s) or entity being served.

SUBSTITUTED SERVICE: By personally delivering copies to the dwelling house, usual place of abode or business of the person(s) or authorized person on behalf of an entity being served. Person receiving documents must be at least _____ years of age and should be informed of the general nature of the documents. If the documents are served in this manner you should/should not mail copies of same to the address where the papers were left. May be sub on _____ attempt.

POSTING: By posting copies in a conspicuous manner to the address of the person/entity being served. If the documents are served in this manner, you should/should not mail copies of same to the address where the papers were left. For additional requirements, if any, see below. May be sub on _____ attempt.

DESCRIPTION OF FEES

PERSON / ENTITY BEING SERVED	
<i>DESCRIPTION OF SERVICE</i>	<i>FEES ENCLOSED</i>
ROUTINE SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>Service within 7-10 days)</i>	
RUSH SERVICE OF PROCESS - ONE INDIVIDUAL/ENTITY <i>(service within 48 hrs)</i>	
SECONDARY ADDRESS TO ATTEMPT SERVICE <i>(If PS Direct must attempt service at a 2nd address put the fee quoted for that 2nd address on this line)</i>	
SECONDARY PERSON BEING SERVED <i>(If you need a 2nd person served, put the fee quoted for that person on this line)</i>	
NOTARIZATION OF AFFIDAVIT/PROOF OF SERVICE <i>(\$15.00 Per Signature Where applicable)</i>	
WITNESS FEES <i>(Fees that you are including for us to serve with your Deposition)</i>	
ALL ORIGINAL AFFIDAVIT/PROOF OF SERVICE DOCUMENTS ARE SENT BACK TO YOU, HOW DO YOU WANT THEM SENT? <input type="checkbox"/> Fed Ex overnight-\$40.00 <input type="checkbox"/> USPS Express-\$22.00 <input type="checkbox"/> USPS Priority-\$10.00 <input type="checkbox"/> USPS Regular-No Chg	
PRINTING <i>(20 cents per page after the first ten pages)</i>	
Extensive SKIP TRACING-\$75.00 <i>(Skip Trace Request Form can be printed @ www.courtserver.com)</i>	
TOTAL	

I have read and understand all terms and conditions of Priority Service Direct Process Servers

(Print name) _____ **(Signature)** _____

Date _____

READ ALL TERMS & CONDITIONS AT WWW.BRINGITSERVEIT.COM



CREDIT/DEBIT CARD AUTHORIZATION FORM

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. If you are using a Debit or Gift Card it must have the Visa or Mastercard Logo. 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 bringitserveit@gmail.com the completed form.

Contact Information

Contacts Name

Telephone #

Your Email Address

Case information

Person/Entity being served

Credit Card Information

Debit Card Credit Card Gift Card

Credit Card #

Expiration Date

Card Holder's Name

Billing Address (The address where the Credit Card Bank sends you the bill)

Address:

Address:

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