ASAP SERVE LLC SERVICE REQUEST FORM

PRIORITY LEVEL OF SERVICE:				<u>PAYM</u>	PAYMENT:	
ROUTINE	RUSH	STAKE OUT	EVICTION	CASH	SQUARE	
CLIENT INFORMATION						
NAME/COMPANY:						
PHONE:						
EMAIL:						
ADDRESS:						
:						
SERVICE ADDRESS:			GATE CODE:			
					·	
PARTY(S) TO	BE SERVE	<u>D:</u>				
NAME:						
DESCRIPTIO	N:					
DUOTO OF G	LIBICAT.	VEC	NO			
PHOTO OF S	OBJECT:	YES	NO			
BEST TIME 1	O ATTEM	PT:				
RESIDES WI		•				
ADDITIONAL INFORMATION:						
By submitting docu	ments for service	ce, Attorney or Pary Wi	thout Attorney (Client) agrees to the follow	ing terms: Service fees are non-	

By submitting documents for service, Attorney or Pary Without Attorney (Client) agrees to the following terms: Service fees are non-refundable once work on the matter has commenced. All services must be prepaid unless other arrangements have been agreed upon. Client is responsible for providing all information necessary to process order, including statute dates, if any. ASAP Serve, its employees, agents, and assigns are not responsible for any information not given in writing. Charges are based per defendant(s), per address and apply to all items whether served or not, including cancellation after attempt(s), not found, bad address given, or if statutory time expires prior to making service. Client further agrees to hold ASAP Serve, its employees, agents, and assigns harmless from any and all actions, claims, damages, and demands of any type arising directly or indirectly from this service order. There is a \$50.00 charge on all returned checks.

I have read and understood the terms and conditions set out in this Agreement.