

National Locator Service Order Form

Please mail or fax this form. The contact number and address is listed below.

FAX: 504-276-7778

MAIL: PO Box 26, Arabi, La 70032

<input type="checkbox"/>	Military Search	\$29.95
<input type="checkbox"/>	Death Record Search	\$19.95
<input type="checkbox"/>	Background	\$59.95
<input type="checkbox"/>	Statewide Professional License	\$29.95
<input type="checkbox"/>	Nationwide Professional License	\$49.95
<input type="checkbox"/>	County Criminal Search - Some counties have court fees	\$24.95
<input type="checkbox"/>	Statewide Federal Criminal Search	\$29.95
<input type="checkbox"/>	Nationwide US Wants And Warrants	\$49.95
<input type="checkbox"/>	Statewide Bankruptcy, Judgment, & Liens	\$24.95
<input type="checkbox"/>	Nationwide Bankruptcy, Judgment, & Liens	\$49.95
<input type="checkbox"/>	Statewide Federal Civil Search	\$29.95
<input type="checkbox"/>	Property Search By Address	\$24.95
<input type="checkbox"/>	Statewide Property Search	\$29.95
<input type="checkbox"/>	Nationwide Property Search	\$49.95
<input type="checkbox"/>	County Civil Searches - Some counties have court fees	\$29.95
<input type="checkbox"/>	Statewide Corporate Search	\$24.95
<input type="checkbox"/>	Nationwide Corporate Search	\$49.95
<input type="checkbox"/>	Statewide Shareholder Search	\$29.95
<input type="checkbox"/>	Nationwide Shareholder Search	\$49.95
<input type="checkbox"/>	Statewide UCC Search	\$24.95
<input type="checkbox"/>		

Please enter as much relevant information as you have on the Individual or Business of your search.

First Name

Last Name

Street Address

City

State

Zip Code

Company Name

Company Info

Phone Number

Date of Birth

Social Security #

Driver's License

Select the State of the Drivers Licence :

***If there are not enough personal identifiers supplied to us we will give a list of possibles. You may then choose one of the possibles and resubmit at no extra charge**

Other notes and additional information can be entered here:

Email Address*

Company Name

First Name*

Last Name*

Phone Number*

Fax Number

Street Address*

City*

Billing Address*

Billing Address2

City*

Zip Code*