

# CHICAGOLAND DETECTIVE SERVICES, INC.

Security Consultants, Private Investigations, Executive Protection, Electronic Counter Measures

**Corporate Office**  
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## INVESTIGATIVE SERVICE AGREEMENT

THIS INVESTIGATIVE SERVICE AGREEMENT is entered into this \_\_\_\_ day of \_\_\_\_, 20\_\_ by and between Chicagoland Detective Services, Inc. ("CDSI") with corporate address of 2223 West Lyndale, Suite R-1, Chicago, IL 60647-3205 and \_\_\_\_\_ (CLIENT) with \_\_\_\_\_ mailing address of \_\_\_\_\_, who mutually agree as follows: CDSI agrees to provide investigative services on behalf of the CLIENT as follows:

Client agrees to pay CDSI for the services described in Paragraph 1 of this Agreement at the rates described in Attachment A attached to this Agreement.

TERMS: CLIENT will be invoiced at the completion of the assignment or monthly, whichever is sooner. Payment of invoice shall be made upon receipt. 1.5% per month service charge (18% annum) shall be applied to invoices after ten (10) days. Additionally, a late fee of \$25.00 per month will be added to all past due accounts until paid. If a suit is initiated for the collection of the whole or any part of the sums due pursuant to this Agreement CLIENT agrees to pay all costs of collection and attorney's fees incurred by CDSI.

CLIENT understands and agrees that CDSI will provide professional and competent investigative services but cannot represent that the CLIENT'S desired results will be achieved. CLIENT further understands and agrees that payment for services is not contingent upon the CLIENT'S desired result being achieved.

A maximum limitation of fees and expenses is authorized by the CLIENT in the amount of \$ \_\_\_\_\_. CDSI will not exceed this limitation unless written or verbal authorization is received from the CLIENT.

CDSI keeps all investigative notes and reports for a period of 30 days. CDSI must receive a certified letter from CLIENT within 30 days upon receipt of the report to keep the "file" for a longer period of time. All service files are destroyed after the 30 day period.

CLIENT has deposited a retainer of \$ \_\_\_\_\_ with a representative of CDSI and understands that the retainer is for part, *not whole*, of the total fee owed to CDSI. CLIENT also understands that the retainer is non-refundable unless cancellation is made 48 hours before the beginning of services, in writing, by certified or registered mail.

CLIENT understands that there are out-of-pocket expenses incurred during the investigation, such as database research, parking, mileage, etc. Those out-of-pocket expenses are in addition to CDSI'S hourly service fees. Client's initials \_\_\_\_\_.  
Price sheet given: Yes \_\_\_\_ No \_\_\_\_ CLIENT'S initials \_\_\_\_\_. All faxes are billed at .25 per copy.

CLIENT and CDSI reserve the right to cancel this Agreement upon written notice to either party.

This Agreement represents the entire agreement between CDSI and CLIENT. Any subsequent agreement or modification of the Agreement must be made in writing and must be signed by an authorized representative of CDSI and CLIENT'S designated representative.

If equipment is lost or stolen, CLIENT is responsible for costs of this equipment at \$ \_\_\_\_\_. CLIENT'S initials \_\_\_\_\_.  
If equipment is not returned by end of contract, CLIENT is responsible per terms of this contract. CLIENT'S initials \_\_\_\_\_.

The terms and conditions of this Agreement shall be interpreted and construed under the laws of the State of \_\_\_\_\_.

CLIENT authorizes use of Credit Card # \_\_\_\_\_ with expiration of \_\_\_\_\_. CLIENT'S initials \_\_\_\_\_.  
The above initials give CDSI authorization to access funds of \$ \_\_\_\_\_ out of the above account. Initials indicate that signature is irrevocable.

IN WITNESS WHEREOF, CDSI and CLIENT, by their duly authorized representatives, have signed this agreement as of the day and year first written above.

### **MAKE CHECKS PAYABLE TO CHICAGOLAND DETECTIVE SERVICES, INC. ONLY**

CLIENT:

DON C. HAWORTH, Private Investigator

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Social Security # (or) FIN# \_\_\_\_\_  
Driver's License # \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Revised 07/07 Form #125