

CHECK-M-OUT SECURITY SERVICES & INVESTIGATIONS

P.O. Box # 101, Wyckoff, N.J. 07481-9998
Phone: 201-760-8818 / Fax: 201-760- 8821

WORK ORDER & ASSIGNMENT AUTHORIZATION

FAX TO: _____ FAX NO. _____

FIRM/COMPANY _____

Date Assigned: _____ CMO Case No. _____ Intake Staff Initials _____

Client Name: _____ Position/Title _____

Client's Firm/Company: _____

Address: _____

Case Name: _____ Client's File No. _____

CHECK-M-OUT agrees to conduct the following assignment based upon the written stipulations within this Work Order & Assignment Authorization. The agreed upon budget and/or retainer for this assignment will not be exceeded without signed, written authorization from the client or party responsible for payment. Any revisions to this assignment will require a new executed Work Order & Assignment Authorization setting forth the updated revisions and budget.

ASSIGNMENT

AGREED UPON RETAINER AMOUNT: \$ _____

(please make checks payable to CHECK-M-OUT SECURITY & INVESTIGATIONS)

Date Report Due: _____ Authorized Budget: \$ _____

Payment Terms

As case is invoiced to client, client's firm/company and client, as agent of firm/company, agree to pay invoice total in full within 30 (thirty) days from date of invoice. If the balance is not paid within the stipulated 30 (thirty) day grace period, a 1.5% finance charge will be assessed for each month the account remains past due (18% per annum). Client is responsible for all additional charges above the original balance after 30 (thirty) days. If the account goes to collection, an additional fee of 30% (thirty percent) will be added to the total amount due.

ACCEPTANCE AND AUTHORIZATION OF ASSIGNMENT

Signature of Client

Date