

RETAINER FEE AGREEMENT

_____ (Client) hereby retains 877Truth99.Com to perform professional and/or investigative services as follows:

Client agrees to pay, and 877Truth99.Com agrees to accept as fees for professional services rendered.

() HOURLY OR DAILY BASIS OF _____

() FEE: _____

with a \$ _____ advance payment _____

Client shall be charged at the rate of \$ _____ per hour plus costs of mileage at a rate of \$0.50/mile; film; videotape; online information costs; special source fees; other miscellaneous costs _____ for all time spent on client's behalf (i.e. research, phone calls, surveillance, review of documents, report preparation).

Client agrees that all investigative cases will include a set up and coordination fee of 1 to 3 hours at the above hourly rate and that the investigations will be billed from the home office of 877Truth99.Com to the location of the investigation and back to the home office. This billing includes hours for travel and mileage.

Client agrees that 877Truth99.Com is to be paid the above flat fee amount. All prior retainers are void.

The failure of Client to adhere to any of the above called payments shall give 877Truth99.Com the option of ceasing all services and does not entitle Client to any of the fees already earned. In the event Client fails to pay for services as agreed after a 15-day grace period, Client shall be determined to be in "default" and will at that point be determined to be a "Collection Account". Client shall be liable for collection costs of 20% of the gross amount due and this amount shall be added on to the principal, inclusive

of 10% interest plus any and all attorney fees from the first billing and/or non-payment date.

This agreement will be governed by and construed in accordance with the laws of the State of California, County of Orange.

I understand that 877Truth99.Com may employ at his expense other investigators, assistances or paralegals to assist or handle this matter.

CLIENT UNDERSTANDS: The accuracy of the data submitted by the requestor will directly determine the accuracy of the results obtained. While the information furnished is from reliable sources, its accuracy is not guaranteed.

Use of the available data may be subject to Federal Credit Reporting Act (FCRA) and other applicable law.

The information contained herein is confidential, and may be subject to the attorney-client and/or attorney work product privilege. The information contained herein is confidential and proprietary, and is the property of the investigation company providing the report.

Payment by client is for professional services, costs, and fees utilized by the investigator.

Payments by client are not refundable due to unforeseen events, regulatory issues, acts of nature, and circumstances beyond the investigators control.

The investigator does not guarantee the results or outcome of the assignment.

RESPONSIBILITY OF CLIENT: Client agrees that is his/her responsibility to keep the our offices advised of any changes in Client's address or telephone number

NOTICE: Client understands and agrees that any amount paid in advance is the minimum paid fee for services rendered and is non-refundable unless no services are provided.

IN WITNESS WHEREOF, the parties hereto have executed this retainer fee agreement as of the date first indicated below.

CLIENT ALSO ACKNOWLEDGES RECEIPT OF A SIGNED COPY OF THIS
RETAINER AGREEMENT.

DATED: _____

BY: _____

Client

Print name: _____

BY: _____

Client

Print name: _____

877TRUTH99.COM

DATED: _____

BY: _____

Private Investigator/Owner

CREDIT CARD AUTHORIZATION

(Please complete and return via fax to 714/546-7474)

DATE: _____ SUBJECT OF REQUEST _____

TO: 877TRUTH99.COM
C/O OC RESOURCES, INC
751 S. WEIR CANYON RD. #157-373
ANAHEIM HILLS, CA 92808

RECEIVED: _____
INVOICE NO.: _____
APPROVAL NO.: _____

FROM: _____
YOUR NAME

COMPANY NAME

CREDIT CARD BILLING ADDRESS

CITY STATE ZIP

HOME PHONE

WORK PHONE

BY THIS MEMO, I AUTHORIZE SOR SERVICES, INC TO BE PAID FOR THE TRANSACTION OF THE ABOVE-REFERENCED COMPANY IN THE AMOUNT OF _____ BY USING THE CREDIT CARD LISTED BELOW.

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER

EXACT NAME AS IT APPEARS ON THE CARD

EXPIRATION DATE

3 OR 4 DIGIT CARD CODE

I UNDERSTAND THE CHARGE FOR THE ABOVE SERVICE IS NON-REFUNDABLE, NON-REVOCABLE, AND NON-CONTESTABLE. I WAIVE MY RIGHT OF REFUND AND/OR TO DISPUTE THE CHARGE.

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER

DATE

RECEIPT

877Truth99.Com hereby acknowledge payment in the amount of \$ _____
from _____ on this _____ day of _____ 20____.

Date: _____

By _____
877Truth99.Com