



INVESTIGATION AUTHORIZATION

2221 Peachtree Road NE, Suite D-465 Atlanta, GA 30309 P. 404.825.2042 F. 404.815.8946 www.hlewisassociates.com

I, we, the undersigned, do hereby agree to employ the services of H. Lewis III & Associates, LLC, a private investigative firm, duly licensed and bonded under the laws of the state of Alabama and Georgia solely for the purpose of attempting to:

It is agreed and understood that I, we, shall be solely responsible for the compensation to said investigative firm at the hourly rate of \$70.00 per investigator, plus out of pocket expenses, mileage (@ the rate of \$.50 per mile), film and developing expenses incurred during or arising from the investigation. The taking of dispositions and court ordered testimony shall be considered part of the investigation and payable at rate of \$70.00 per investigator.

The retainer is a down payment towards the cost associated with your investigation. Once the retainer is received by our Firm a \$155.00 administrative fee will be charged and may be billed for cancellation of the investigation. Any amounts or expenses incurred above the retainer fee of \$1,500.00, which will be paid prior to the beginning of the investigation, shall be due and payable immediately upon notice. If the unmet balance is not remitted within 15 days of the date of the invoice, a finance charge of 2.5% per month will be assessed on the unpaid balance.

In the event of default in payment of sums due hereunder and if the agreement is placed in the hands of an attorney at law for collection, I, we, agree to pay all costs of collection including but not limited to a reasonable attorney's fee.

In consideration of the foregoing terms and conditions, I, we, understand that H. Lewis III & Associates, LLC shall under its best efforts, investigate the matter set forth above.

I, we, hereby agree to allow said investigative firm to conduct the investigation at its sole discretion via any lawful means it deems to be appropriate.

I, we, do hereby agree to allow said investigative firm, via its agents and/or employees to charge to my, our home or business telephone any international calls required in this investigation.

I, we, our, my heirs, beneficiaries, devisees, legatees, administrators and assigns further agree to indemnify and hold harmless said investigative firm and/or its agents and employees from any and all actions, causes for actions, claims, damages, and demands of whatever type arising directly or indirectly from the investigation which I, we, have requested above.

If any portion of this agreement is held to be invalid, then the remainder shall still retain its full force and affect.

Full Legal Name

Date

Physical Mailing Address (No P. O. Box)

Signature