

SPEEDY LIEN INC.

200 Garden City Plaza, Garden City, New York 11530
516-679-6702 or 212-203-7420

We request Speedy Lien Inc. prepare, sign and file a Mechanic's Lien on our behalf as our Agent. The information we provided is true and correct. We assume responsibility in the event information we provided is incorrect.

1- Our Company's Exact Name _____

2- We Are Incorporated: Yes _____ No _____ (Check One)

3- Our Address _____ Suite/FL _____ City _____ State _____ Zip _____

4- Our Telephone # _____ Cell # _____

5- Officer's Name _____ Title _____

6- Contact Name In Our Office _____ Email Address _____

7- Address of Jobsite: _____ City _____ State _____

Floor # _____ Suite/Apt. # _____ Store or Tenant Name _____

8- Exact Materials We Used/Sold _____

9- Exact Labor/Services Performed _____

10- Exact First Date at line #7 ____/____/____ 10(B) Exact Last Date: ____/____/____

11- Grand Total of Contract (Work Completed) or Sale (Include Extras and Taxes) \$ _____

a. The Exact Amount We Are Owed \$ _____

12- Our Direct Customer/Client That Hired Us: _____

Their Address: _____ Suite/Fl _____ City _____ State _____ Zip _____

a. Contact Name(s) _____ Email Address _____

13- General Contractor's Name (The party that line #12 was Sub Contractor To) ****There is a \$50 fee to serve them****: _____

Their Address: _____ Suite/Fl _____ City _____ State _____ Zip _____

14- If this is a Public Improvement/Municipal Project, provide Name of Agency and Contract #:

I/We agree to pay Speedy Lien Inc. \$450 (\$550 Nassau/Suffolk Counties/Connecticut) for their services and agree that services commence upon their receipt of this document. I/We are aware that Speedy Lien Inc. is liable to the extent of the cost of the Mechanic's Lien in the event of error. I/We are aware that information contained in this document is the proprietary right of Speedy Lien Inc. and will not be sent to any entity other than Speedy Lien Inc.

I/We are aware that any unauthorized use of this document is a violation of law and Speedy Lien Inc. will prosecute to the fullest extent of the law.

Signed: _____ Date _____

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PLEASE FOLLOW INSTRUCTIONS:

Fee \$450 (\$550 Nassau/Suffolk Counties)

Credit Card #: _____ Expiration Date: _____

Billing Address: _____ Zip Code: _____

Email Intake document and this form to:

Z@SpeedyLienInc.com

OR

Fax Documents: 516-679-6703

****If paying by check email/fax with this document****

This is to certify that I am officer of:

Mark Nash of Speedy Lien Inc. or any employee of Speedy Lien Inc. is our authorized agent for the purpose of signing and filing a Mechanic's Lien or Satisfaction of Mechanic's Lien on our behalf.

Date: _____

Name: _____

Title: _____

Signature: _____

(For Office Use Only)

Lien Amount: _____

Block: _____

Lot: _____