

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/FI _____ 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/FI _____ 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. \$475 (or \$575 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:

The Filing Fee is \$475.00 (or \$575.00 for jobsites located in Nassau/Suffolk County or Connecticut)

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: _____