



MECHANICS LIEN

Legal Name of Your Company: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Contact Person: _____

Fax: _____ Email Address: _____

We the undersigned furnished material and/or performed labor at the following location. The following amount is due and has not been paid although duly demand. To protect our interest please act as our agent to file a Mechanics lien against the property located at the following address. We will pay the filer of this Mechanics lien the sum of \$325.00 for properties located in the Counties of Bronx, Brooklyn/Kings, New York, or Queens. We the undersigned hereby accept full responsibility for the accuracy of the information and agree to indemnify and hold harmless the filer of the mechanics lien.

Name of property owner: (if known) _____

Customer or Contractor's Name: _____

Name of the person with whom the contract was made: _____

Address of customer or contractor: _____

City: _____ State: _____ Zip: _____

Material Sold and/or Labor Performed (please specify):

Total amount for material sold and/or labor performed to job site: \$ _____.

Total amount unpaid to be lienied: \$ _____.

First date at job location: __/__/____ Last date at job location: __/__/____ *(see below note)

Address of location to be lienied: _____

County of the address: _____ (if known) Section: _____ Block: _____ Lot: _____

Name of person signing Lien: _____

Title: _____

Signed: _____

Date: __/__/____

442D Lorimer Street

Suite 169

Brooklyn, NY 11206

t. 718-637-4925

f. 718-387-8677

info@lienexpress.com

www.lienexpress.com

*Please note: the last date must be within 4 months for single family dwelling and 8 months for multi family dwelling and commercial.



442D Lorimer Street
Suite 169
Brooklyn, NY 11206
Tel: 718-637-4925
Fax: 718-387-8677

CREDIT CARD FORM

Company Name: _____

Card Holder Name: _____

Card Holder Address: _____

City: _____ State: _____ Zip: _____

Card Type: Visa MasterCard Discover

We do not accept American Express

Card Number: _____

Expiration Date: _____ / _____

Invoice #: _____

Amount: \$ _____

Authorization

I authorize LIEN EXPRESS CORP. to charge my credit card account for the amount owed.

Card Holder Signature: _____ Date: ____ / ____ / ____