



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

### MECHANIC'S 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 the Mechanics Lien the sum of \$195, for the 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: \_\_\_\_\_

Materials Sold: \_\_\_\_\_

Labor Performed: \_\_\_\_\_

Total amount for material sold to job site: \$ \_\_\_\_\_

Total amount for labor performed to job site: \$ \_\_\_\_\_

Total amount unpaid to be liened: \$ \_\_\_\_\_

First date at job location: \_\_ / \_\_ / \_\_ Last date at job location: \_\_ / \_\_ / \_\_

Address of location to be liened: \_\_\_\_\_

County of the Address: \_\_\_\_\_ (If known) Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Name of officer signing lien: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## MECHANIC'S LIEN PRICE LIST

MECHANIC'S LIEN	\$195
<ul style="list-style-type: none"><li>■ Last Owner's Search</li><li>■ Filing of Mechanic's Lien</li><li>■ Filing of Affidavit of Service</li><li>■ Notifying the Property Owner &amp; Contractor</li><li>■ Filing Fees Included</li></ul>	
EXTENSION OF LIEN	\$125
SATISFACTION OF LIEN	\$125