



LienMaster®

Consultants to the Construction Industry

LIEN & BOND PROTECTION FORM

Please proceed with (check one or more of the following):

- Preliminary Notice/Intent to Lien Is account past due? Yes No
- Mechanic's Lien and/or Bond Claim, Stop Notice, Miller Act
- Investigate Lien/Bond Rights
- Collection and/or Legal Action (at Reduced Rates)

PAGES FAXED _____

Date _____ Project Location _____ (State)

A. CLAIMANT INFORMATION:

- Your company's exact corporate name: _____
Address: _____ City, State, Zip: _____
- Tel: _____ Fax: _____ State of incorporation: _____
- Your Customer's Name: _____ Your Reference No. _____
(Complete address & telephone number on appropriate line below under "Project Information.")

B. MATERIAL OR LABOR INFORMATION:

- Did you furnish: material labor both 2. Date of P.O./Contract _____
- Brief description of what your company furnishes: _____
- Actual and/or estimated dates materials/labor has or will be furnished: (For TX, provide statement of account)
First _____ Last _____ Ongoing? Yes No
- Total Invoices: _____ Amt. Paid: _____ Balance: _____

C. PROJECT INFORMATION: private public commercial residential (please check all that apply)

- Project (jobsite) Name: _____
Address: _____
- Project Owner/Lessee _____ Tel.: _____
Address _____
- Gen. Contr./Const. Mgr.: _____ Tel.: _____
Address: _____
- Subcontractor: _____ Tel.: _____
Address: _____
- Sub-subcontractor: _____ Tel.: _____
Address: _____
- Construction Lender: _____ Tel.: _____
Address: _____
- Bonding Co./Agent: _____ Tel.: _____
Address: _____
Bond No. _____ Project No. _____

D. MISCELLANEOUS:

- Please attach any of the following if available to you: Statement/Invoices Preliminary Notices Proof of Delivery
 Contract/Purchase Order Copy of Bond Notice of Commencement
- The undersigned authorizes the filing of a Lien or Claim on behalf of the said claimant. It is the responsibility of the undersigned to ensure accuracy of information and sufficient time allowance for filing. LienMaster or local counsel are not responsible for any inaccurate information provided, lack of information, or insufficient time allowance for filing.

Submitted by: _____ Date: _____
Signature of authorized agent for Creditor

Please print name and title: _____

PLEASE MAIL OR FAX THIS FORM TO INITIATE ACTION

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