

P.O. Box 2372 Monroe, LA 71207 Phone: (318) 355-0602

Fax: (888) 388-6018

A	PPLICATION TO	RECEIVE MISS	OURI UCC LIEN A	CTIVITY REPORTS
Company Name:				Phone:
Contact Name:			Contact Email ¹ :	
Business Address:				
City:	Sta	ate: Z	IP Code:	Fax:
BILL	ING INFORMATI	ON (IF DIFFER	ENT FROM APPLIC	CANT INFORMATION)
Address:				Attn:
City: State:		tate:		ZIP Code:
COUNTY SELECTION				
Please list the count	ies for which you would	like to receive lien ac	tivity reports (all Missouri C	Counties available):
		SUBSCRIPT	ION SELECTION	
() LICC Recent	Lien Activity Report - \$3			
 () UCC Recent Lien Activity Report - \$35/month/county² () UCC Lien Lapse Report - Circle one: Show liens within 45 / 90 / 180 days of lapsing - \$35/month/county² 				
	s - \$50/month/county ²	,	or, are are to the representation of	,,,
		PREF	ERENCES	
Please choose from	the following:			
() Send reports covering the date range of			to	and then stop sending.
() Send reports covering the date range of		e of		
Delivery Method:	If Email, format:	Send reports:	Sort reports by:	Bill me:
() Email	() Excel	() Weekly	() Secured Party	() Monthly () Semi-annually
() Fax	() Adobe	() Monthly	() Debtor	() Quarterly () Annually
Send weekly/montl	nly reports to:	·	·	
Email/Fax:			Email/Fax:	
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I certify that I have cor	npletely and accurately com			to the above TERMS AND CONDITIONS OF USE.
Signature of applicant:				Date:
Name of applicant (please print):				Title:

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