Please Print and FAX the completed form to: (916) 442-1797

UCC SEARCH FORM

Please provide the following contact information

Name	
Firm Name	
Street Address	
City	State Zip
Phone	
Fax	
E-Mail	
Shipping Address: Please enter Name	a shipping address if different than above.
Firm Name	
Street Address	
City	State Zip
Phone	
Order is to be placed in the fol (To select multiple states hold the "Co as you make additional sele	ontrol" key down Alaska
Name of Debtor	
Street Address	
City	State Zip
Check here if you want the sear	·
Social Security or Federal Tax ID	Number
Type of Search	

UCC Search Only
UCC Search & Copies

Non-Certified Online Printout

٠ <u>-</u>	der to be sent by:
	Regular Mail
	Federal Express
	Other Overnight Courier
Red	cipient Account Number
Thi	rd Party Account Number
]	In addition to sending order by above method. Please fax me a copy
Bil	ling:
	Bill My Customer Number
	Order to be filled by credit card
	Credit Card #
	Credit Card Type
	Expiration Date
	Signature: Date:
	Name on Card
	Billing Address
	City
	State
	Zip