

LIEN ON US

2816 N. Golden State Blvd • Madera, CA 93637
 Toll Free 800-641-5436 or 559-673-9062 * Fax 559-673-9064

Website: www.lienonus.com
 Email: lienonus05@yahoo.com

Registration Service License #80925

Repair Facility: _____ Phone: _____ Fax: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

Storage Address: _____ City: _____ St: _____ Zip: _____

BAR#: (req) _____ Contact Person: _____ Date: _____ Page: _____

*Please provide the name and address of the person that authorized the repairs. Include a copy of the signed repair order. For Over \$4,000 liens this information is REQUIRED.
 **To claim repairs on a lien you must have a signed work order and you must have completed the repairs or billed the customer (whichever occurs first) within the last 30 days and have a valid Bureau of Automotive Repair (BAR) license number. If it has been longer than 30 days, you can no longer claim the repairs on the lien sale, only storage. Only include repairs actually done, not estimated repairs. Do not include your storage charges in the repair total.

Circle Vehicle Value PLEASE PRINT CLEARLY AND COMPLETE ALL APPLICABLE FIELDS Names/Addresses/Towed From/Reason

Value	Type	For Office Use Only	Lien #	Searched	By	M/C Engine #:														
\$501 to \$4000	Mechanic	Possession Date	Vehicle Year	Make	Model	License Plate/State/Exp						Condition of Vehicle (may be verified by DMV) <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor								
		Towing Charge (if app) \$	Repairs Done** (if app) \$	Date of Completion	Date Owner Billed	Mileage														
Over \$4000*	Mechanic	Daily Storage Rate	Vin#	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
		\$																		

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		\$																		

I, the undersigned, hereby certify under penalty of perjury, that I have supplied Lien On Us with the names and addresses of any and all parties known by me to have an interest in the above mentioned vehicle(s) and all such parties are listed on this form. I also understand that this lien is being processed based upon the information I provided and I hold Lien On Us harmless from any legal action arising out of the processing of this lien, including, but not limited to, judgments, attorney fees, court costs, omissions or errors under any circumstances. I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and correct.

Please Note: \$25 Returned Check Fee & No Refunds

Signature: _____ Print: _____ Date: _____