117 S. Main St. Suite. 205 Lake Elsinore, Ca. 92530
Office: (877)543-6498 Fax: (951)905-5590
w w w . l i e n w o r k s . n e t

LienWorks

Professional Lien Sale Consultants

Customer Information

Garage Name_____ Date _____/_____/_____

Address

City State Zip

County Bar#

Phone: ( ) _____ Fax: ( ) _____

Vehicle Data

License Plate # _____ Lic. State _____ Value : ☐ +$4000 ☐ -$4000 ☐ -$500

Date of Possession _____/_____/_____ Towing Fees $_____ Storage Per Day $_____ Repairs $_____

Customer Ref/Log#_____ Vehicle I.D.#

Engine# (Motorcycles) Other Info:_____

Vehicle Year: _____ Make: _____ Body/Model: _____

Registered Owner (if known)

Name_____

Address_____

City/State/Zip_____

LienWorks

I. The undersigned hereby certify under penalty of perjury, that I have supplied Lien Works Inc., with the names and addresses of any and all parties known by me to have an interest in the above mentioned vehicles and all such parties are listed on this form. I also understand that this lien is being processed based upon the information herein and agree to identify and hold harmless Lien Works , Inc., from any legal action arising out the processing of this lien, including, but not limited to, attorney fees, court cost, and judgements.

Authorizing Signature _____ Date_____