

# Lien-Pro Inc.

## Corporate Search Request Form

**What is your company name?** Name: \_\_\_\_\_

**What is your address?** Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./ State: \_\_\_\_\_ P.C. /Zip: \_\_\_\_\_

### Contact Details:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**What company would you like a corporate profile report/corporate search on?**

Name: \_\_\_\_\_

Trade Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ P.C.: \_\_\_\_\_

**Province of Search:** \_\_\_\_\_

### Notes:

## Credit Card Authorization Form

Due to strict credit card processing rules, Lien-Pro Inc. requires an authorization form for all transactions when the card is not present. We apologize for this inconvenience.

**This form will NOT send your credit card information over the Internet. It simply allows you to fill-in and print the authorization form.**

**Step 1 - Fill in all text boxes  
Step 2 - Print this page**

**Step 3 - Initial and Sign form at bottom  
Step 4 - Email to [info@lien-pro.com](mailto:info@lien-pro.com)**

Name: \_\_\_\_\_ Visa    MasterCard    AMEX  
(as appears on card)

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

E-mail address: \_\_\_\_\_ Security Code: \_\_\_\_\_

Daytime Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Promo Code: \_\_\_\_\_ (if applicable)

Billing address for credit card:

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./ State \_\_\_\_\_ P.C./ Zip \_\_\_\_\_

### Payment Option 1:

\_\_\_\_\_ I authorize a charge of \$\_\_\_\_\_ + disbursements & tax (see fee schedule or visit [www.lien-pro.com/lien-fee-schedule](http://www.lien-pro.com/lien-fee-schedule)) to  
initial  
the above credit card as payment for \_\_\_\_\_ (service)

### Payment Option 2:

\_\_\_\_\_ I authorize LIEN-PRO INC. to charge my credit card the necessary amount required to process my documents or to  
initial  
perform my required services.

\_\_\_\_\_ After LIEN-PRO® has provided the service(s) I/We have requested, I/We may call upon LIEN-PRO® to provide further  
initial  
consultative and administrative functions, including but not limited to: receiving telephone calls and emails from third-parties, receipt of documents on our behalf, and receipt and disbursement of lien funds. I/We agree to pay LIEN-PRO® at the rate of \$195.00 per hour (billed in fifteen minute increments for its time performing these functions) and for any other disbursements incurred on my/our behalf. I/We agree to allow LIEN-PRO® to debit the credit card provided to cover such charges as they occur from time to time. **NOTE: This pre-authorization is mandatory in order to have your lien filed and registered with LIEN-PRO INC.**

Credit Card Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

**Lien-Pro Inc. - Canada Wide Lien Filing Services  
Phone: (855) 224-6650 | Fax: (866) 266 0137 | Email: [info@lien-pro.com](mailto:info@lien-pro.com)**