

LIGHTNING LEGAL SERVICES, LLC



**P.O. BOX 9132
ALBANY, NY 12209**

**299 HAMILTON STREET
ALBANY, NY 12210**

**PHONE 518-463-1049
FAX 518-463-3681**

FACSIMILE TRANSMISSION SHEET

- Ordered by: _____
name of firm _____
address _____
- Telephone # _____
- Fax # _____

UCC Searches:

Debtor Name: _____

(Please include middle initial, if available)

Please provide this on a

- () Rush (24 hour) basis
- () Routine basis

Fees:

Rush:

Service fee: \$35.00 per search
Disbursements: \$100.00

Routine:

Service fee: \$25.00 per search
Disbursements: \$25.00

Payment Method:

- () please bill my account (if in good standing) (payment requested within 14 days)
- () firm check or money order (please fax copy)
- () bill my credit card (for security purposes, please telephone our office with this information)