

Delaware Intercorp, Inc. UCC Services and Pricing

SEARCHES (PER NAME):

\$75.00*

Search results include all presently effective financing statements, federal tax liens or utility security instruments filed with the Office of the Secretary of State of the State of Delaware. Please note that these results will not include any filings made within the respective county office, i.e., Recorder of Deeds. Delaware Intercorp will conduct the UCC Search utilizing the information provided by you on the Search/Copy Request Form. Given strict rules governing UCC Searches, Delaware Intercorp will perform the searches with only the information as it is entered onto the Search/Copy Request Form and will not interpret information contained therein.

*This Search Fee is an all-inclusive fee which includes both (i) State and Delaware Intercorp Service Fees, and (ii) transmission of results via electronic mail. Additional charges apply for alternate transmittal methods. Please contact a representative for exact pricing for alternate transmittal methods and/or multiple search name discounts.

UCC COPIES:

\$60.00*

*This fee is a minimum fee. Actual fees vary and are determined by the State Fees charged. Delaware Intercorp will charge a flat service fee of \$25 added to those fees charged by the State. Since the State Fees will vary depending upon, among other things, the actual copies ordered and the number of total pages, we cannot offer a flat fee for UCC Copies. However, should you like one of our UCC Team Members to calculate the true cost of a UCC Copy order in advance of purchase, please give us a call and we will be happy to do so. Please remember all of our fees include transmission of results via electronic mail. Additional charges apply for alternate transmittal methods.

All Search Requests and Requests for Copies of Financing Statements will be completed within 24 hours of receipt of your request by Delaware Intercorp*

*Excludes weekends, holidays and any special circumstances.

To proceed and order a search, please complete the attached form and return as soon as possible.

Delaware Intercorp, Inc.

Search Request (only choose either Debtor or Secured Party search)

Type of Search (must choose one):	Type of Entity to be Searched (must choose one):
<input type="checkbox"/> Debtor	<input type="checkbox"/> Corporate
<input type="checkbox"/> Secured Party	<input type="checkbox"/> Individual
Name to be searched (if an individual, please provide last name, first name, middle initial): _____	
Is the name being searched for a corporate entity or individual who is acting in a Representative Capacity, i.e. trustee?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	
If Yes, please describe Representative Capacity, i.e., trustee: _____	

Copy Request

<input type="checkbox"/> Copies of All Financing Statements of record (must provide name and capacity): Name: _____ Capacity (must choose one): <input type="checkbox"/> Debtor <input type="checkbox"/> Secured Party
<input type="checkbox"/> Copies of specific Financing Statements of record (please complete below). For additional space, attach 8.5 x 11 sheet.
<input type="checkbox"/> UCC-1's (please list) UCC-1 Filing Number: _____ UCC-1 Filing Number: _____ UCC-1 Filing Number: _____
<input type="checkbox"/> UCC-3 Amendments (must also provide filing number of UCC-1 to which UCC-3 relates) UCC-3 Filing Number: _____ relating to UCC-1 Filing Number: _____ UCC-3 Filing Number: _____ relating to UCC-1 Filing Number: _____ UCC-3 Filing Number: _____ relating to UCC-1 Filing Number: _____
Since copy charges vary greatly, please check the appropriate box(es) in regards to your copy order . If no option is selected, your order will be transacted as per charges from the State of Delaware plus Delaware Intercorp, Inc., charge(s).
<input type="checkbox"/> Please proceed ASAP. The total amount authorized for the transactions requested in the order is not to exceed \$_____
<input type="checkbox"/> Please contact me to confirm the total and receive authorization before charging my card.

Client Information

Last Name:	First Name:	Middle Initial:
Firm Name:		
Mailing address:		
City:	State:	Zip:
Country:	Phone number:	Fax number:
Email address:		
How did you hear about us? <input type="checkbox"/> Referral from State of Delaware <input type="checkbox"/> Internet Search <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Current Client <input type="checkbox"/> Other		

Shipping Method

<input type="checkbox"/> Email (no additional charges)
<input type="checkbox"/> Alternate Transmittal (additional charges apply) <input type="checkbox"/> FedEx Saver <input type="checkbox"/> FedEx 2 nd Day Air <input type="checkbox"/> FedEx Overnight <input type="checkbox"/> Facsimile <input type="checkbox"/> U.S. Mail
Shipping address (If different from address above): Street _____ City/State/Zip/Country _____ Phone No. _____ Fax No. _____

Payment Information

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Wire Transfer
Card Number: _____ CVV/CVC Code: _____
Expiration Date on Card: _____
Name on Card: _____
Billing address (If different from Client Information address provided above): Street _____ City/State/Zip/Country _____

Signature **x** _____

(By signing, I hereby acknowledge that the above information is correct.)