

# ESQUIRE ASSIST, LTD.

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Harrisburg, PA 17101  
PHONE # (717) 232-9398 FAX: (717) 232-6248

EA Use Only

Our File #:

MO #:

Services Provided in all 50 States

Orders may also be e-mailed to us at: ASSIST@ESQUIREASSIST.COM

DATE: \_\_\_\_\_ YOUR FILE # \_\_\_\_\_ Priority: \_\_\_\_\_

FROM: \_\_\_\_\_

FIRM OR COMPANY \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

## Entity Name:

(Please use one form for each name to keep the ordering process clear)

DATE NEEDED BY: \_\_\_\_\_ (IF POSSIBLE)

## SERVICE DESIRED:

- OBTAIN CORPORATE INFORMATION
- CERTIFIED COPIES OF ( ) All Documents on Record ( ) Specific Document \_\_\_\_\_
- PLAIN COPIES OF ( ) All Documents on Record ( ) Specific Document
- UCC SEARCH ( ) WITH COPIES ( ) WITH REPORT
- LIEN CERTIFICATE
- GOOD STANDING CERTIFICATE ( ) Affidavit of Good Standing Status
- PennDOT INFO ( ) INSURANCE – [Accident Date: \_\_\_\_\_ ] ( ) TITLE HISTORY
- OTHER (SPECIFY BELOW)
- DOCUMENT FILING- INDICATE NAME ABOVE – AND- TYPE OF FILING BELOW:

SPECIAL MESSAGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## METHOD OF RETURN:

( ) E-Mail ( ) Fax ( ) Fedex – Account #: \_\_\_\_\_ ( ) Mail

( ) Send to 3<sup>rd</sup> Person: \_\_\_\_\_