



Master Credit Consultants, Inc.

of Counsel: Michael C. Brown, Esq.*

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UCC PROTECTION FORM

CREDITOR INFORMATION

1. Your company's exact corporate name and/or d.b.a.:

2. Address, City, State, Zip Code:

3. Telephone: _____

4. Fax: _____

DEBTOR INFORMATION

1. Debtor's exact corporate name and/or d.b.a.:

2. Address, City, State, Zip Code:

3. Telephone: _____

4. Fax: _____

5. Name of Contact: _____

6. Comments/Special Instructions: _____

ACTION REQUESTED (check one)

- UCC-1 Financing Statement
- Purchase - Money Security Interest
- Amendment
- Continuation
- Termination

Submitted by: _____ Date: _____
Signature of authorized agent for Creditor

Please print name and title: _____

**TO INITIATE ACTION
PLEASE MAIL AND/OR FAX
THIS FORM**