



TYPE OF LIEN IMPOUND _____ JUNK _____ MECHANCS _____

BUSINESS NAME _____

ADDRESS: _____

REPRESENTATIVE _____

PHONE: _____ FAX _____

EMAIL _____

DEBTOR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

VEHICLE

YEAR _____ MAKE _____ MODEL _____ COLOR _____

VIN# _____ MILEAGE _____

PLATES _____ STATE _____ EXPIRE _____

DROP OF DATE ____/____/____

STORAGE STARTS ____/____/____

DAILY STORAGE \$ _____

SERVICE PERFORMED: _____

ORIGINAL INVOICE \$ _____

PARTS \$ _____

TAX \$ _____

PAYMENTS \$ _____

TOTAL \$ _____

I hereby authorize Victory Lien to proceed with this lien request and understand that I will be billed once this lien is started. I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute a crime of perjury.

SIGNATURE _____

PLEASE FAX COMPLETED FORM TO (317) 606-8940 OR EMAIL TO
VICTORYLIENSERVICES@GMAIL.COM