

# Instructions for properly completing a UCC Memo

Mark the appropriate priority box. *(Additional Expedited Cost)*

|       |                         |            |
|-------|-------------------------|------------|
| Fees: | Priority 1 (One Hour) - | \$1,000.00 |
|       | Priority 2 (Two Hr) -   | \$500.00   |
|       | Priority 3 (Same Day) - | \$200.00   |
|       | Priority 4 (24 Hr.) -   | \$100.00   |

## Submitter's Information

1. Completely fill out your individual or business/firm name and complete address. The attention line needs to be completed if a business or firm name is listed.
2. The account number is only to be completed by entities that have an existing Depository account with the Division of Corporations. Please ignore this field if you do not have a Depository account.

## Filing Information

Complete the name of the Debtor/Trust, type document, UCC File number (only for UCC-3's) and date formed (trusts only).

## Credit Card Information

All credit card information must be completed. If the credit card information is not the same as it is listed with the submitter's information, then please specify the correct information in the comments/filings instruction area on the bottom right hand side of the memo. You must also include your 3-4 digit security code on the back of the card.

Please contact our office at 302-739-3073 with any questions concerning completing the memo or the UCC filing.

Mailing Address:  
Division of Corporations  
401 Federal St. – Ste 4  
Dover, DE 19901

*Please note: No email or fax return service is available.*

# State of Delaware - Division of Corporations

## UNIFORM COMMERCIAL CODE FILING SHEET

Priority 1  
(One Hr.)

Priority 2  
(Two Hr.)

Priority 3  
(Same Day)

Priority 4  
(24 Hour)

Priority 7  
(Reg. Work)

### SUBMITTER'S INFORMATION

Company/Firm or Individual's Name \_\_\_\_\_  
 Return Address \_\_\_\_\_  
 City - State - Zip \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Phone# \_\_\_\_\_ Fax# \_\_\_\_\_  
 E-mail address \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 (only to be used when charging an existing Depository Acct)

### DO NOT WRITE IN THIS SPACE

### UCC REQUEST INFORMATION

Debtor/Trust Name/Number Identifier \_\_\_\_\_  
 Type of Document - \_\_\_\_\_ Initial Filing Number \_\_\_\_\_  
 Date Trust Formed - \_\_\_\_\_ *(only used when filing a UCC3)*

### UCC FILING REQUEST INFORMATION

# of Certified Copies - \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Total \$ Enclosed \_\_\_\_\_

### METHOD OF RETURN

\_\_\_\_\_ Messenger/Pick up  
 \_\_\_\_\_ Express Delivery  
 \_\_\_\_\_ Acct# \_\_\_\_\_  
 \_\_\_\_\_ Regular Mail  
 \_\_\_\_\_ Other \_\_\_\_\_  
*Fax and email is not available for return*

### CREDIT CARD INFORMATION

(Visa, MasterCard or Discover Card Only)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Expiration Date - \_\_\_\_/\_\_\_\_  
 Security Code \_\_\_\_\_ (3 or 4 digit# on back)

### COMMENTS/FILING INSTRUCTIONS

### INSTRUCTIONS

1. Visit [www.corp.delaware.gov/reqguide.shtm](http://www.corp.delaware.gov/reqguide.shtm) for complete instructions on how to properly complete this memo.
2. Fully shade in the required Priority Square using a dark pencil or marker, staying within the square.
3. Each request must be submitted as a separate item, with its own Filing Sheet as the FIRST PAGE.