

Instructions for properly completing a UCC Memo

Mark the appropriate priority box. (Additional Expedited Cost)

Fees:	Priority 2 (Two Hr) -	\$100.00
	Priority 3 (Same Day) -	\$75.00
	Priority 4 (24 Hr.) -	\$50.00

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 from the back of the card.

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

State of Delaware - Division of Corporations
UNIFORM COMMERCIAL CODE FILING SHEET – Fax 302-739-3812

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 _____
(to be used when charging a Depository Acct.)

DO NOT WRITE IN THIS SPACE

UCC REQUEST INFORMATION

Debtor/Trust Name/Number Identifier _____
Type of Document - _____ Filing Number(UCC-3 only) _____
Date Trust Formed - _____

UCC FILING REQUEST INFORMATION

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

METHOD OF RETURN

_____ Messenger/Pick up
_____ Express Service Delivery -
_____ Acct# _____
_____ Regular Mail
_____ Other _____

CREDIT CARD INFORMATION

_____-_____-_____
Expiration Date - ____/____/____ Sec. Code _____
Signature _____

COMMENTS/FILING INSTRUCTIONS

INSTRUCTIONS

1. Visit corp.delaware.gov/cvrmemo.shtml 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.