



Property Address: _____

Lease Number:

Date:

Title/Escrow Company Declarations

Note: The \$300 filing fee only applies to leases.

I, _____ certify that _____ request that Launch
(Escrow/Title Representative name) (Escrow/Title Company)

terminate its UCC filings on the equipment installed at the above-referenced address and agree the amount of \$300.00 will be paid to Launch for this request.

Note: If the close of escrow date changes for any reason, the \$300.00 filing fee is still required to be paid based on the below date. If the close of escrow is cancelled for any reason, it is still the responsibility of the Title/Escrow company to pay Launch for the \$300 filing fee.

At the close of escrow, currently scheduled for, _____ will collect and pay to Launch to the
(Close of escrow date)
pay to Launch the \$300.00 filing fee, which should be mailed to the below-referenced address.

Launch Servicing, LLC,
PO Box 845073
Dallas, TX 75284-5073.

**Please include the lease # with the payment.

Lessee Acknowledgement

I, _____, certify and acknowledge that _____ will pay the
(Lessee Name) (Escrow/Title Company)
will pay the amount of \$300 to Launch to terminate the UCC filings on the equipment installed at the above-referenced address.

Note: If the customer is paying the \$300 filing fee directly, they can make a one-time payment through their online portal account at sunstrong.youronlineaccount.com.

Additional Authorized Parities

I authorize Launch to provide my account information to the below-named individuals and or title/escrow company listed below. If at any time I choose to remove the individual(s) named from accessing my account information, it is my responsibility to notify Launch by calling 1-877-354-2629.

Authorized title/escrow company

Company Name: _____

Authorized Contact Names (Agent): _____

Email Address: _____

Phone Number: _____

Authorized Contact Names (Agent): _____

Email Address: _____

Phone Number: _____

Authorized Contact Names (Agent): _____

Email Address: _____

Phone Number: _____

Additional Authorized Party Information

Company Name: _____

Authorized Contact Names (Agent): _____

Email Address: _____

Phone Number: _____

Authorized Contact Names (Agent): _____

Email Address: _____

Phone Number: _____

Authorized Contact Names (Agent): _____

Email Address: _____

Phone Number: _____

Authorized buyer Information (If applicable)

Authorized buyer's Name: _____

Email Address: _____

Phone Number: _____

Authorized Co-buyer's Name: _____

Email Address: _____

Phone Number: _____

We cannot proceed with the request to terminate our filings until we receive a signed copy of this affirmation and authorization letter.

By signing, you assert and agree to the above declarations.

Title/Escrow Agent Signature:

Name:

Phone Number:

Lessee Signature:

Name:

Phone Number:

Email Address:

Address:

Co-Lessee Signature:

Name:

Phone Number:

Email Address:

Address:

Launch Management _____
Name _____