

DATE:	LAST NAME:	DEALERSHIP:	STATE/COUNTY:
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DEAL TYPE: <input type="checkbox"/> FINANCE REGISTRATION <input type="checkbox"/> LEASE REGISTRATION <input type="checkbox"/> CASH REGISTRATION <input type="checkbox"/> DUPLICATE TITLE <input type="checkbox"/> LIEN RELEASE TITLE <input type="checkbox"/> DLR TITLE <input type="checkbox"/> TITLE ONLY <input type="checkbox"/> LIEN FILE <input type="checkbox"/> VIN INSPECTION <input type="checkbox"/> MAIL TO CUSTOMER <input type="checkbox"/> NON-HIGHWAY <input type="checkbox"/> OTHER _____	VEHICLE INFORMATION: VIN: _____ YEAR/MAKE/MODEL: _____ TYPE OF TITLE: <input type="checkbox"/> MSO <input type="checkbox"/> USED - STATE: _____ TAG TRANSFER: <input type="checkbox"/> YES – PLATE#: _____ <input type="checkbox"/> NO INSPECTION REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO TAX PREPAYMENT: <input type="checkbox"/> YES <input type="checkbox"/> NO PRE-PAYMENT AMOUNT: \$ _____	COMMENTS:
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DOCUMENT CHECKLIST: <input type="checkbox"/> TITLE/MSO <input type="checkbox"/> SUPPLEMENTAL REASSIGNMENT <input type="checkbox"/> TITLE APP <input type="checkbox"/> PROOF OF RESIDENCY <input type="checkbox"/> DRIVERS LICENSE <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> INSURANCE <input type="checkbox"/> DAMAGE DISCLOSURE <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> LIEN RELEASE <input type="checkbox"/> POWER OF ATTORNEY <input type="checkbox"/> RETURN LABEL TO DEALER <input type="checkbox"/> PRE-PAYMENT <input type="checkbox"/> RETURN LABEL TO CUSTOMER <input type="checkbox"/> PPT WAIVER/RECEIPT <input type="checkbox"/> ODOMETER <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> FINANCE CONTRACT <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> INSPECTON <input type="checkbox"/> OTHER: _____	NOTES:
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CUSTOMER NAME:	PHONE NUMBER:	EMAIL:	ADDRESS:	COUNTY: