



### TRANSACTION CHECK LIST

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

SS # \_\_\_\_\_

LEASE?  YES  NO

LIEN?  YES  NO

IF YES, PLEASE PROVIDE NAME AND ADDRESS OF LIEN HOLDER (IF YOU HAVE CORP CODE, PLEASE PROVIDE AS WELL) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CORP CODE \_\_\_\_\_

ARE YOU PAYING TAXES?  YES  NO

IF YES, TAXES ARE TO BE PAID TO WHAT STATE? \_\_\_\_\_

WHAT KIND OF PLATES?  PASSENGER  COMMERCIAL  OTHER (PLEASE INDICATE)  
 NO PLATES (**TITLE ONLY**)

PLATE TRANSFER?  YES  NO

IF YES, PLATE NUMBER? \_\_\_\_\_

VEHICLE: COLOR \_\_\_\_\_ CYLINDERS \_\_\_\_\_ WEIGHT \_\_\_\_\_ FUEL \_\_\_\_\_

CONTACT PREFERENCE:  PHONE  EMAIL