



ROHRER

School & Commercial Bus Sales

Invoicing, Registration, & Account Information Sheet PA

*IMPORTANT: The following information is needed promptly. Without all of this information, your vehicle cannot be titled and registration cannot be submitted to the DMV. Failure to provide complete information could delay your motor vehicle documentation as well as your new vehicle delivery. (Information can be sent via e-mail unless otherwise indicated)

ITEMS WHICH NEED TO BE RETURNED WITH THIS INFORMATION SHEET

- Photocopy of current insurance card for policy listed below
- If OB tag is to be issued, a letter of usage is required by DMV
- "Authorization to Sign" letter from your agency/company
- Copy of front & back of signer's driver's license (required by DMV)

TITLING INFORMATION (Certificate of Ownership)

(Must include street address along with PO Box – DMV will not title to PO Box alone)

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

INVOICING INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Sales Contact Person: _____ Fax: _____

Telephone #: _____ E-mail: _____

Tax Exemption #: _____ DMV \$10 Registration #: _____

Title & Tag Contact Person: _____ Telephone #: _____

If applicable, check if you are one of the following:

- Commonwealth Agency or Commission
- Political Subdivision of Commonwealth
- Municipal Authority

INSURANCE INFORMATION

Insurance Company: _____

Policy #: _____ Effective Date: _____ Expiration Date: _____

LIEN HOLDER

Bank or Finance Company: (If no lien holder, write NONE) _____

Phone#: _____ Street Address: _____

Contact Person/Title: _____

Financial Institution Number: _____

TYPE OF LICENSE PLATE (Choose One)

OB BA MG MT SC Intransit Transfer PASS

PUC #: _____ Ford FIN Code: _____
Fleet Information Acct # (if applicable) _____ Fleet #: _____
Complete only if transferring current plate: Transfer Information: Plate #: _____
Expiration Date: _____ VIN: _____
Vehicle Description: _____
Fleet Information Acct # (if applicable): _____ Fleet #: _____ Equip. #: _____

TRADE INFORMATION

Year: _____ Make/Model: _____
Capacity: _____ Engine: _____ Brake Type: _____ Transmission: _____
Complete VIN: _____ Mileage: _____
Attach copy of title showing clear title (liens satisfied, if applicable)

WARRANTY REGISTRATION INFORMATION

Please indicate who at the Agency should receive warranty notifications, recall notices, parts & service information, or other communications regarding the purchased vehicle:

Individual's Name: _____ Work Title: _____
Work Department (i.e.: Public Works): _____
Phone Number: _____ Fax Number: _____
E-mail address: _____
Mailing address if different than title address: _____

ITEMS NEEDED AT THE TIME OF DELIVERY

- Clear Title for all trades
- Payment in full unless other arrangements have been made

Call with questions to Kay at 1-800-735-3900 ext. 1352.

Please e-mail or fax the information to Kay Hornberger at khornberger@rohrerbus.com or 717-957-4884.

Delivery Address, if different than invoicing address:

Address: _____
City: _____ State: _____ ZIP: _____

If you want lettering on your bus and/or specific numbering, please indicate below:

Lettering*: _____

Numbering: _____

*Please be case specific, example: ROHRER BUS or Rohrer Bus