



ROHRER

School & Commercial Bus Sales

Invoicing, Registration, & Account Information Sheet NJ

*IMPORTANT: The following information is needed promptly. Without all of this information, your vehicle cannot be titled and registration cannot be submitted to the NJMVC. 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 vehicle
- Applicable Tax Exempt Certificates (ST Form)
- Copy of a current registration card, if available
- If *leased* for one year or more, please provide name, address, contact info, date lease was signed and duration of lease (months) **ONLY APPLICABLE TO LEASED VEHICLES**

TITLING INFORMATION (Certificate of Ownership)

Name: _____

Address: _____

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

Business Corp Code (15 digits): _____

REGISTRATION INFORMATION

Provide name, street address and Corp Code if different than above: _____

Requested Commercial Registration Code: _____

FEIN (Federal ID): _____

Note: If vehicle is being *leased* for one year or more, please ATTACH name and street address of lessee and contact phone number. Indicate what date lease was signed and the duration of the lease (months).

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: _____

Lien Holder Corp. Code (15 digits): _____

TYPE OF LICENSE PLATE (Choose One)

Omnibus Omnibus2 MG CG SG Limo Commercial Passenger
Ambulance Hotel Jitney Mobility Assistance Veh. Paratransit Veh.
Taxicab

Indicate here if your agency has current NJMVC-approved "No-Fee" status. Mark only if a Motor Vehicle Registration Fees Waiver has been issued to your agency. (ie: NF tags eligibility) Please note that MVC fees will be charged back to your agency if eligibility is not confirmed by NJMVC at the time of registration.

Complete only if transferring current plate: Transfer Information:

Plate #: _____ Expiration Date: _____
VIN: _____ Vehicle Description: _____

INVOICING INFORMATION

Name: _____ Address: _____
City: _____
State: _____ ZIP: _____ County: _____ Contact Person: _____
Fax: _____ Telephone #: _____
E-mail: _____ Tax Exemption #: _____

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: _____

ORIGINAL DOCUMENTS NEEDED TO BE PROVIDED BY CUSTOMER TO COMPLETE NJMVC WORK

(Supply only if items are checked off)

- ___ Completed & Notarized Form of Power of Attorney (3 originals required)
- ___ Insurance Card (must be supplied for vehicle inspection)
- ___ Commercial Bus Inspection Unit MV9 & MV 12

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.

