

## **Invoicing, Registration, & Account Information Sheet VA**

\*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

## TITLING INFORMATION (Certificate of Ownership)

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

Name:		<b>y</b>		
Address:				
City:	State:	ZIP:	County:	
	ļ	INVOICING INFOI	<u>RMATION</u>	
Name:				
Address:				
City:	State:	ZIP:	County:	
Sales Contact Per	son:		Fax:	
「elephone #: E-mail:				
Tax Exemption #:				
	1	NSURANCE INFO	RMATION	
Insurance Compa				
Policy #:	Effective Da	nte:	Expiration Date:	
		<u>LIEN HOLD</u>		
Contact Person/T	itle:			
Lien Holder Corp	. Code (15 digits):			
		TRADE INFROM	IATION	
Year:	Make/Model:			
			Transmission:	
	_		Mileage:	

**WARRANTY REGISTRATION INFORMATION** 

Attach copy of title showing clear title (liens satisfied, if applicable)

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

- Copy of front & back of signer's driver's license (required by DMV)
- 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 <a href="mailto:khornberger@rohrerbus.com">khornberger@rohrerbus.com</a> or 717-957-4884.