



ROHRER

School & Commercial Bus Sales

School Bus Invoicing, Registration, & Account Information Sheet

*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 transferring a plate, provide a copy of the current registration
- School contract with current dating and signature (for school bus or vehicles)
- Actual size copy of **front & back** of signer's driver's license (required by DMV)
- Letter of Authorization on agency letterhead as required by DMV

TITLING INFORMATION

(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 #: _____

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 (Circle One)

SC

BA

SV

OB

MG

Transfer

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 should receive warranty notifications, recall notices, parts & service materials, or other communications regarding the purchased vehicle:

Individual's Name: _____ Work Title: _____

Work Department (i.e.: Transportation): _____

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

Questions? Call Leann at 1-800-735-3900 ext. 1351.
Please e-mail or fax the information to Leann Engle
at lengle@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