MARYLAND CUSTOMER CONTACT FORM

Date of Transaction:/ 2020			
Owner Name:			
Co-Owner Name:			
Phone Number:			
Email:@			
Billing Address:			
Shipping Address (if different from billing address):			
How did you hear about us?			
What type of tag? (circle one)			
STANDARD TAG / BAY TAG / AGRICULTURE TAG / HISTORIC TAG (Vehicle is 20/ STREET ROD TAG (Vehicle must be 25+ years old and highly altered)	+ years old		
Do you have a lien recording? (circle one) YES or NO			
If YES What is the name of the lender/bank?			
How much is your loan for? \$			
Insurance Company:			
Insurance Policy Number #:			

Insurance Policy Effective Date://
Has the vehicle been Maryland State Inspected: YES or NO
Vehicle Information:
Year:
Make:
Model:
Fuel type:
Primary Color:
Secondary Color (optional):
Vehicle type (please circle one): SEDAN / VAN / STATION WAGON / SUV / TRUCK (PICKUP) / MOTORCYCLE / MOTORHOME / TRAILER / TRACTOR TRAILER / VESSEL/PERSONAL WATERCRAFT
Last 4 of Social Security Number (FOR VESSELS/PERSONAL WATERCRAFT ONLY):
Owner #: Co-Owner #:
Weight of Vehicle:
Vehicle Use: PERSONAL or COMMERCIAL
Odometer Mileage:
Payment Method (circle one): CASH CHECK CREDIT / DEBIT CARD (3% processing fee for credit & debit cards)

What Type of Transaction do you need completed? (please circle all that apply)

T1 - TITLE/TAGS

T2/T3 - TITLE/TRANSFER TAGS

T4 - TITLE/TEMP TAGS

T5 - TITLE ONLY/ OFF-ROAD

SR - REGISTRATION RENEWAL

RC - TAG RETURN

NR - TAG FOR PREVIOUSLY TITLED VEHICLE *must be in customer name*

DT - DUPLICATE TITLE

DU - DUPLICATE REGISTRATION CARD

ST - SUBSTITUTE TAG

SS - SUBSTITUTE YEAR STICKER & REGISTRATION CARD

AF - ADMINISTRATIVE FLAG

TM - TEMP TAG FOR TITLED VEHICLE

RT - REPLACEMENT TAG RENEWAL

IN TRANSIT TAG (Out of state residents purchasing a vehicle in Maryland)

I certify that the information provided on this form is accurate and complete for this transaction. If this information given is inaccurate or given in error, it is my responsibility to pay for services to correct error(s) which may include an additional service fee. By signing below I authorize I have.

Customer Signature:	
Date Signed:	

****If you do not know the answer to any of the above questions our helpful staff will be here to assist you. <u>Please leave those questions blank and your title agent will speak with you before signing.</u>

Thank you for taking the time to fill out this sheet! It's important that this information is correct for your vehicle or vessel record.