

STEP 1: Email all documents to: info@expresstitleandtag.com

STEP 2: Receive fee quote via reply to original email. Mail packet <u>after</u> confirmation of accuracy and completion from our reply email.

Only use physical address for mailing if using FedEx/UPS. Physical address does not have a mail receptacle for U.S. Postal Service.

CUSTOMER SERVICE AGREEMENT

Full Name:						
Address:						
City:	State:	Zip:	Phone Nu	mber:		
Email Address:						
Company/Dealer Name:	mpany/Dealer Name:Contact Name:					
Express Title and Tag's se Service and shipping fee		50 for each transac				
Name on Card:						
Credit Card Number:			Expirat	tion:	CVC Code:	
Billing Address:						
City:			_State:	Zip):	
Signature: My signature authorizes Express Tag a	nd Title to charge n	my credit card for all fees	associated with enclosed	Date:		
Please select <u>one</u> shipping	method belo	w. Your credit car	ng Information d will be charged p ss indicated below	•	ication. All return	mail will be
USPS Priority Mai	l \$10		/ail \$30		lled by FedEx via c	redit card)
Return Mailing Address:						
City:				2:	ZIP:	
By signing this form I unders a package is my responsibili incomplete packages will be Incomplete packages that ca	ty; I will provid charged a \$1	vledge and agree to de accurate, comp .0 document holdir	lete information for ng fee per week un	or the title a til all requi	and registration se red documents are	rvices. Any
Printed Name:		Date:				
Signature:						