

CUSTOMER No.
(Provided by RegUSA)

**RegUSA ESTIMATED
FEES FAX SHEET**



Please provide complete information for all fields and fax this form to 800.360.7528.

REGISTRATION INFORMATION

Date: _____ State: _____ County: _____

DEALERSHIP INFORMATION

Name: _____ Contact Person: _____

Address: _____

Phone: _____ E-mail: _____ Fax: _____

DRIVER INFORMATION

Please provide the following for the vehicle's owner or lessee:

Name: _____ DOB: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____ County: _____

Is there a lien on this vehicle? Yes No

VEHICLE INFORMATION

Plate Type: _____ New: Passenger Commercial Vanity/Personal

Transfer: _____ Plate#: _____ Expiration Date: _____

Please include any other special plate instructions (handicapped, specialized, etc.): _____

VEHICLE DESCRIPTION

Do you have: MSO Title: If titled, in which state: _____ VIN: _____

Year: _____ Make: _____ GVR: _____ Cylinders: _____

FEES

Purchase Price: _____ Total of Extras or Add-ons: _____ Trade Value: _____

RegUSA ONLY

RegUSA Receipt #: _____

Sales Tax Rate: _____ % Sales Tax: _____

Plates: _____ Title: _____ Registration: _____

Lien Filing: _____ Late Fee: _____

This inquiry is being performed for the following reason:

- Use in the normal course of business by a legitimate business or its agents and employees ONLY;
- To verify the accuracy of personal information submitted by the individual to the business, AND
- If such information as so submitted is not correct or is no longer correct, to obtain the correct information, BUT ONLY
- For the purposes of preventing fraud by, pursuing legal remedies or recovering on a debt or security interest against the individual. 18 U.S.C. Sec 2721 (b) (3)

I certify that I will comply fully with the Driver's Privacy Act (18 U.S.C. Sec 2721, et seq.). I also certify that I shall use or redisclose information provided by the DMV through RegUSA only for the use indicated above. I also agree to defend, hold harmless, and indemnify DMV and RegUSA from all actions brought or damages alleged against DMV for my negligent, improper, or unauthorized use or dissemination of the information provided.

I understand that fees provided in accordance with this request are only estimates. RegUSA/triVIN is not responsible for errors or inaccuracies in the fee estimates provided. Actual DMV fees can only be determined once a deal is complete.

Signature: _____ Date: _____

Authorized triVIN Representative: _____ Date: _____