

208 West Center Street
Beebe, AR 72012
501-690-0063 cell
501-882-7500 office
501-882-6611 Fax

Vehicle Titles, Inc

TITLE REQUEST

Year _____ Make _____ Model _____

VIN _____

_____ Copy Attached _____ Lien Release Attached

- _____ Duplicate
- _____ Transfer (please mail title to address above)
- _____ Repo (will need copy of contract, current mileage, and repo date)
- _____ Title Search
- _____ Carfax/Autocheck
- _____ Title Correction
- _____ Carfax/Autocheck Correction
- _____ Direct Lien (contract attached)
- _____ Bonded Title (need a copy of bill of sale and State Police Vin Verification)

Dealership Name _____

M-Tag Number _____

Mailing instructions:

- _____ Fed Ex Account # _____ (25.00 charge if no acct #)
- _____ UPS Account # _____ (25.00 charge if no acct#)
- _____ US Postal Service 2-3 priority service (10.00)
- _____ Regular mail

Mailing Address: _____

Telephone # : _____ Fax # : _____

Method of Payment:

- _____ Check by mail
- _____ Credit Card

Attorney in Fact

I, _____ of _____ do hereby give agents of Vehicle Titles, Inc attorney in fact to act in my behalf within the State of Arkansas to transfer, sign, pick-up, and not limited to the duties only for the purpose of registering, correcting, and duplicating titles within the State of Arkansas.

I, _____, do by acknowledge that all information given to Vehicle Titles, Inc is to the best of my knowledge actual and is in no way defrauding Vehicle Titles, Inc or the State of Arkansas.

Signature

Printed Name

Company Name

M Tag Number

Please attach a copy of your current dealer's license.



REVENUE DIVISION

VEHICLE REGISTRATION APPLICATION

TRANSACTION TYPE

STATE OF ARKANSAS
DEPARTMENT OF FINANCE & ADMINISTRATION
PO BOX 1272
LITTLE ROCK, AR 72203

LICENSE NO	INV TYPE	USE CODE	DECAL NO	EXPIRATION DATE	VEHICLE IDENTIFICATION NUMBER						
YEAR	MAKE	MODEL	BODY	CYL	COLOR	FUEL	UNLADEN WT	GROSS WT	DSP	AXLES	PREVIOUS TITLE NUMBER
TITLE CODE	PUR TYPE	PUR DATE	DEALER#	OD CODE	OD READING	CHECK IF APPLICABLE					
						DAMAGE	PREV DAMAGE	LEASE	PRORATE	PENALTY	MAIL
COMPLETE ONLY IF CONVERTING CLASS TWO (2) THROUGH EIGHT (8) TRUCK LICENSE											
OLD LIC NO	OLD WT	OLD FEE	IF INVOLUNTARY, SHOW AMT OVERLOAD AND SUMMONS NUMBER				VALIDATION PERIOD FOR DRIVE OUT OR INTRANSIT				
			OVERLOAD WEIGHT	SUMMONS NUMBER	BEGINNING DATE & TIME			ENDING DATE & TIME			

OWNERNAME											
LAST	FIRST										REL
LAST	FIRST										
COMPANY											
ARKANSAS ADDRESS										CTY CODE	

TITLE MAILING ADDRESS	CTY CODE
HOLD FOR PICK UP	
VEHICLE TITLE SERVICE 501-690-0063	
300 SOUTH RODNEY PARHAM SUITE 1 PMB 296	
LITTLE ROCK, AR 72205	
RENEWAL MAILING ADDRESS	CTY CODE

	CTY CODE

FIRST LIENHOLDER	CONTRACT DATE	REGISTRATION FEE	REPLACEMENT FEE
		CREDIT	TRANSFER FEE
		ADDITIONAL FEE	TITLE FEE
SECOND LIENHOLDER	CONTRACT DATE	PRORATED FEE	LIEN FEE
		SPECIAL FEE (1)	PENALTY
		SPECIAL FEE (2)	POSTAGE
REVENUE OFFICE CITY	OFFICE NUMBER	COUNTY	SPECIAL FEE (3)
			TOTAL REG. FEES
ARKANSAS REVENUE AGENT	DATE	CITY CODE	SALES TAX RECEIPT NUMBER
SIGNATURE OF LIENHOLDER (IF APPLICABLE)			
SIGNATURE OF OWNER(S)			PERSONAL PROPERTY ACCT NO.