

## VEHICLE SERVICES PAYMENT AUTHORIZATION

**Purpose:** Customers fax this form to DMV for payment authorization.

**Instructions: Do not mail this form.** Fax the completed form to the applicable fax number listed in the Transaction/Fax Information section.

| APPLICANT INFORMATION |                     |                          |          |  |
|-----------------------|---------------------|--------------------------|----------|--|
| NAME                  | DMV CUSTOMER NUMBER | DAYTIME TELEPHONE NUMBER |          |  |
|                       |                     |                          |          |  |
| MAILING ADDRESS       | CITY                | STATE                    | ZIP CODE |  |
|                       |                     |                          |          |  |

| VEHICLE |  | MATION |
|---------|--|--------|
|---------|--|--------|

| Plate Number | VIN | Make | Year | Title Number | State of Title |
|--------------|-----|------|------|--------------|----------------|
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |
|              |     |      |      |              |                |

| DEALER INFORMATION      |                               |                          |                         |  |  |  |
|-------------------------|-------------------------------|--------------------------|-------------------------|--|--|--|
| APPLICATION TYPE        |                               |                          |                         |  |  |  |
|                         |                               |                          |                         |  |  |  |
| COMMENTS                | COMMENTS                      |                          |                         |  |  |  |
|                         |                               |                          |                         |  |  |  |
|                         |                               |                          |                         |  |  |  |
| PAYMENT AUTHORIZATION   |                               |                          |                         |  |  |  |
|                         |                               | 1                        |                         |  |  |  |
| CREDIT CARD (check one) | NAME APPEARING ON CREDIT CARD | DAYTIME TELEPHONE NUMBER | AMOUNT TO BE CHARGED    |  |  |  |
| MASTERCARD VISA         |                               |                          | \$                      |  |  |  |
|                         |                               |                          | Ŧ                       |  |  |  |
| CREDIT CARD NUMBER      |                               |                          | EXPIRATION DATE (mm/yy) |  |  |  |
|                         |                               |                          |                         |  |  |  |
|                         |                               |                          |                         |  |  |  |
|                         | DATE (mm/dd/yyyy)             |                          |                         |  |  |  |

DEALED INCODMATION

I authorize DMV to charge the credit card account listed.

## **TRANSACTION/FAX INFORMATION**

| Identify the applicable Work Center for the transaction you are completing and fax this completed form to the number provided. |   |  |   |  |
|--|---|--|---|--|
| Vehicle Branding Work Center<br>Fax Number: (804) 367-2723   | Titling Work Center<br>Fax Number: (804) 367-6679 | Special Registration<br>Fax Number: (804) 367-6379 | Dealer Services Work Center<br>Fax Number: (804) 367-7046 |  |
| Vehicle Salvage Exam   | Original Title                                    | Clean Fuel Plate (include VSA 10)                  | Manufacturer Licensing and Plates                         |  |
| Branded Out-of-State Title   | Supplemental Title                                | Disabled Veteran Plate                             | Drive-Away Plates   |  |
| Salvage Certificate  | Replacement/Substitute Title                      | Transfer Plate                                     | Office Trailer Plates                                     |  |
| VIN Inspection   | VSA 12  | Renewal of Overload Permit                         |   |  |
| VSA 12 (Salvage)   | Original Overload Permit                          |  |   |  |
|  | Mechanics or Storage Lien                         |  |   |  |