



TOC Tag & Title, LLC

TOC Tag & Title, LLC
Terri O'Connell
614-351-0409 office 614-351-8448 fax
Terri@toctagandtitle.com

Request for title and registration services

Date _____

Circle One:

Title Only Title & New Registration Title with Plate Transfer Plate # _____

Expires _____

Dealer's Name _____

Contact _____

Phone _____ Fax _____ E-Mail _____

Customer Information

Name(s) _____ / _____

Birthday _____ / _____

Street Address _____

City _____ State _____ Zip _____ County _____

Title & Register in what state? _____

Vehicle Information

Year _____ Make _____ Model _____ Body Type _____

VIN# _____

Weight _____ New or previously titled? _____

Purchase Options

Circle One: Cash Retail with lien Lease

Leasing or Finance Company Name _____

Purchase Price \$ _____ MSRP \$ _____

Warranties, Service Agreement, GAP \$ _____

Rebates / Discounts \$ _____

Dealer Doc Fees \$ _____

Trade-In Credit \$ _____

Trade is titled in what state? _____

**Please fax this completed document to TOC Tag & Title 614-351-8448 or e-mail
Terri@toctagandtitle.com**

The checklist that will be returned to you will have fees based on the information provided above. Providing the complete and accurate information is essential to receiving an accurate quote. If there is missing information, the best estimate will be giving with the provided information. Any overpayment in state fees will be refunded.