

# OUT OF STATE TITLE FAX REQUEST

## OFFICE USE ONLY:

A+ AUTO LICENSING, INC  
18207 VETERANS MEMORIAL DR E #4  
BONNEY LAKE, WA 98391  
P:253-862-8811 **FAX: 253-862-8801**

DATE FAXED: \_\_\_\_\_

TIME: \_\_\_\_\_

BY CLERK: \_\_\_\_\_

## NOTE: PLEASE WRITE CLEARLY

CUSTOMER FULL NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

CUSTOMER PHONE: \_\_\_\_\_

WA STATE DRIVERS LICENSE #: \_\_\_\_\_

VEHICLE VIN#: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

LOAN/ ACCOUNT NUMBER: \_\_\_\_\_

LEGAL OWNER/ BANK: \_\_\_\_\_

LEGAL/BANK ADDRESS: \_\_\_\_\_

**LEGAL/ BANK FAX #:** \_\_\_\_\_

**PLEASE FAX A LEGIBLE COPY OF THE TITLE TO OUR OFFICE @ 253-862-8801**

***IF TITLE IS ELECTRONIC, IT MUST CLEARLY SHOW: ASI, DDI, FDI, DDP, OR VINTEK***