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Client "Deal" Checklist

Dear Valued Customer:

Thank you for allowing us the opportunity to serve you. The information below is required by the Department of Motor Vehicles. Please complete the information and return it to us in order to expedite a seamless deliver of your new automobile. I appreciate your immediate attention to these details. Thank you for your confidence in us!

To complete the information you will need:

- _____ Copy of Drivers license of all parties involved
(print your name EXACTLY as it appears on your drivers license)
- _____ Copy of insurance card
- _____ Lienholder information
- _____ Copy of registration if transferring a tag. Please bring the tag with you to pick up the new vehicle so you can drive it home.

In addition, please answer these questions:

- _____ Are you TRANSFERRING a tag or will you be purchasing a NEW one?(circle one)
(if you are transferring a tag, the tag to be transferred must already be registered in the "primary" new purchasers name.)
- _____ Do you want the Co-Applicant listed as "AND" or "OR" (circle one)
- _____ Does our office need to fax a Buyers Order to your loan institution?

When completed, please return this information back to us along with a copy of all parties drivers license, a copy of your insurance card and a copy of your registration if you are transferring a tag. Keep in mind that whomever's name is on the buyers order, they will need to be present to sign all paperwork.

Once again, thank you for choosing A Better Way Auto Brokers.

PRIMARY APPLICANTS NAME: _____

D.O.B _____ D.L.# _____ D.L. expiration date _____

Current Address: _____ S.S.# _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone _____ Work Phone _____ Cell Phone: _____

CO-APPLICANTS NAME: _____ D.L.# _____

D.O.B _____ D.L. expiration date _____ S.S.# _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone _____ Work Phone _____ Cell Phone: _____

Insurance Agent _____

Company _____

Phone _____

Policy # _____

Lienholder Information:

Institution _____

Contact Name _____

Phone _____ Fax _____