

School & Commercial Bus Sales

# School Bus Invoicing, Registration, & Account Information Sheet

\*IMPORTANT: The following information is needed promptly. Without all of this information, your vehicle cannot be titled and registration cannot be submitted to the DMV. Failure to provide complete information could delay your motor vehicle documentation as well as your new vehicle delivery. (Information can be sent via e-mail unless otherwise indicated)

### ITEMS WHICH NEED TO BE RETURNED WITH THIS INFORMATION SHEET

- Photocopy of current insurance card for policy listed below
- If OB tag is to be issued, a letter of usage is required by DMV
- School contract/letter with current dating and signature (for school bus or vehicles)

#### **TITLING INFORMATION**

(Must include street address along with PO Box – DMV will not title to PO Box alone)

Name:						
Address:						
City:	State:	ZIP:	County:			
	INVOICIN	IG INFORMA	<u>ATION</u>			
Name:						
Address:						
City:	State: _	ZIP:	: County:			
	Fax:					
Telephone #:	E-mail:					
Tax Exemption #:						
Title & Tag Contact Person	n: Telephone #:					
Shop/Service Contact Per	rson:					
	<u>INSURAN</u>	CE INFORMA	<u>ATION</u>			
Insurance Company:						
Policy #:	Effective Date	::	Expiration Date:			
	LIE	N HOLDER				
Bank or Finance Compan	y: (If no lien holde	er, write NON	NE)			
Phone#:Str	eet Address:					

## **TYPE OF LICENSE PLATE (Circle One)**

SC	BA	SV	ОВ	MG	Transfer			
Complete onl	ly if transferring curi	rent plate: Tra	nsfer Informat	tion:				
Plate #:		Expiration	n Date:					
Fleet Informa	tion Acct # (if applic	able):	Flee	et #:	Equip. #:			
		TRADE INF	<u>ORMATION</u>					
Year:	Make/Model:							
					Transmission:			
	l: Mileage:							
	Attach copy of title							
	WARRA	NTY REGISTR	ATION INFORI	MATION				
Please indicat	te who should recei				, parts & service			
materials, or o	other communication	ons regarding	the purchased	d vehicle:	•			
Individual's Name:			Work Title	Work Title:				
	ment (i.e.: Transport							
			Fax Number:					
	SS:							
Mailing addre	ess if different than t	itle address:						

## **ITEMS NEEDED AT THE TIME OF DELIVERY**

- Copy of **front & back** of signer's driver's license (required by DMV)
- Clear Title for all trades
- Payment in full unless other arrangements have been made

Questions? Call Leann at 1-800-735-3900 ext. 1351. Please e-mail or fax the information to Leann Engle at lengle@rohrerbus.com or 717-957-4884.