

Thank you for choosing Beacon National Auto Tag and Title for your out-of-state title work needs. In this business accuracy is vital. Please help us to maintain accurate records for your file by making any necessary changes to the information shown below. Upon completion please forward it to us at:

BEACON NATIONAL AUTO TAG AND TITLE

375 North Main St Suite A2
Williamstown, NJ 08094

Thank you again for your cooperation. We look forward to working with you!!

CUSTOMER INFORMATION CARD:

Dealership

Street Address

P.O. Box (if applicable)

City

State

Zip

Titleclerk/Contact Name

() _____
Phone Number

() _____
Fax Number

At Beacon our goal is to get your work processed in the quickest most efficient way possible, at times however, we find the DMV doesn't feel the same. In order to avoid timely delays at the DMV please complete the attached Authorization Card and return it to our office along with the "Customer Information Card" shown above.

DEALER AUTHORIZATION

I, _____ of _____
Dealership Representative Name and Address of Dealership

Do hereby authorize Beacon National Auto Tag and Title to both deliver and receive all applications and completed motor vehicle work to/from the applicable state Department of Motor Vehicles. I also authorize Beacon National Auto Tag and Title to sign any necessary documentation in which the dealer's signature may be required in order to complete any application for title and registration for our customers.

Sworn this _____ day of _____, _____.

Signature of Authorized Agent

Notary Signature & Seal

DIN#: _____ EIN#: _____