



TENNESSEE DEPARTMENT OF REVENUE
TAXPAYER & VEHICLE SERVICES
MULTI-PURPOSE APPLICATION

269612

NEW OR CURRENT TITLE NUMBER 75964055		TRANSACTION N1	REGISTRATION ONLY NUMBER	
OWNER INFORMATION *LEGAL STATUS: 1 (AND) 2 (OR) <input type="checkbox"/> ENTER NAME CODE IN BOX 1 (SAME) 2 (DIFFERENT) 3 (MULTIPLE LAST NAMES) 4 (COMPANY) 5 (OVER 28 CHARACTERS) <input type="checkbox"/> MAO <input type="checkbox"/> ILU <input type="checkbox"/>				
LAST NAME WELLS		FIRST NAME FARGO		MIDDLE INITIAL EQUIP FINANCE
ADDRESS 1 (MAILING) 2824 S RUTHERFORD BLVD		ADDRESS 2 (PHYSICAL)		CITY MURFREESBORO
CITY MURFREESBORO		STATE TN		ZIP CODE 37130
CITY OF RESIDENCE (PRINCIPAL BUS OR INCORP LOCATION) RUTHERFORD		PURCHASE DATE 10/26/2007		*LEASED <input type="checkbox"/> *SERVICE OPTIONS <input type="checkbox"/> SEE REVERSE SIDE FOR INSTRUCTIONS
TELEPHONE # 6156642699		*PLACARD / HEARING IMPAIRED CLS/YR		*INSURANCE POLICY #

VIN 3H3V532CX8T031001		MAKE HYTR	MODEL V12	YEAR 2008	BODY SE	TITLE BRAND - list the appropriate code (N) NEW (1) RECONSTRUCTED VEHICLE (U) USED (2) FLOOD DAMAGE (D) DEMO (3) SPECIALLY CONSTRUCTED (S) PARTS ONLY		CODE N	TYPE OF FUEL - list the appropriate code GAS (1) ELECTRIC/HYBRID (3) DIESEL (2) PROPANE (4)		CODE 9
SURRENDERED TITLE # MSO		STATE TN	PREVIOUS STATES TITLED		VEHICLE USE F	VEHICLE TYPE S	CURRENT MILEAGE	ODOMETER INDICATOR (List one)	ACTUAL (S) NOT ACTUAL (S) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (S)		CODE 1
COLOR CODE (enter appropriate code) UPPER M LOWER M		MOBILE HOME LGTH	WIDTH	# AXLES	GROSS VEHICLE WEIGHT		*VEHICLE TRADE-IN DESCRIPTION		COMPANY VEHICLE #		

PLATE INFORMATION * (required for Title and Registration and Registration Only Transactions) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS									
PLATE # (1) U036681	CLASS CODE/ISSUE YR (1) (3) 8020/1994	VALIDATION # (1)	COUNTY STICKER # (1)	CITY STICKER # (1) (2)	*PLATE # (TRADE IN) (2)	CLASS CODE/ISSUE YR (2)	EXPIRATION DATE (1) (2) (3) PERM		
TDS STICKER # (4)	TEMP OPERATOR PERMIT # (3)	# OF SEATS (5)	ZONE (COUNTY NAME) (6)		USDOT / REGISTRANT # (7)	MOTOR CARRIER # (8)			

LIEN INFORMATION (if lien present)		LIEN CODE		FIRST LIENHOLDER		LIEN DATE	
STREET		CITY		STATE		ZIP CODE	
LIEN CODE		SECOND LIENHOLDER		LIEN DATE			
STREET		CITY		STATE		ZIP CODE	

*LESSEE / REGISTRANT INFORMATION (OWNER OF PLATE)		LEGAL STATUS <input type="checkbox"/>	NAME CODE <input type="checkbox"/>	MAO <input type="checkbox"/>	ILU <input type="checkbox"/>		
NAME		NAME					
ADDRESS		CITY		STATE		ZIP CODE	

VEHICLE COST / TAX INFORMATION * (required for Title & Registration Transactions)					
SALE PRICE	TRADE IN ALLOWANCE	TAXABLE AMOUNT	SALESTAX PAID	*TAX EXEMPTION REASON / SALES TAX #	
DEALER NAME GREAT DANE		DEALER ADDRESS		DEALER # 9999	

* Required for Duplicate Title - T.C.A. 55-3-115 (submit illegible or altered Certificate of Title)					
<input type="checkbox"/> LOST	<input type="checkbox"/> STOLEN	<input type="checkbox"/> MUTILATED	<input type="checkbox"/> RTN'D DUE TO NON DELIVERY	<input type="checkbox"/> ALTERED	<input type="checkbox"/> ILLEGIBLE

Under penalties of perjury, I hereby certify all information provided is true and correct to the best of my knowledge, and acknowledge that it is not the responsibility of the Motor Vehicle Division or its assignees to determine the accuracy of the information provided by me or on my behalf.

SIGNATURE OF CERTIFIER/OWNER		POWER OF ATTORNEY/AUTHORIZED SIGNATURE (IF APPLICABLE) WELLS FARGO EQUIP FINANCE BY:		DATE 11/ 2/2007 13:51
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INVOICE NUMBER 304 20071102	COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 11/ 2/2007	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) JOHN ARRIOLA	#304 GRAVES1 xx
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OFFICE USE ONLY (total fees collected indicated certifies this form as a valid registration)						
REGISTRATION FEE 79.75	CREDIT	LEASE FEE	TRANSACTION FEE	ISSUANCE FEE 12.00	TITLE FEE 5.00	TOTAL TAX COLLECTED
COMPUTATION OF <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX	SALES OR USE TAX	LOCAL RATE	ADDITIONAL TAX	COLLECTED IN STATE OF	COUNTY WHEEL TAX EXEMPT	CITY WHEEL TAX
*SERVICE OPT FEE	ORGAN DONOR	POSTAGE	VER	ID / RESIDENCY VERIFICATION (S) Received: 11/02/2007		*TOTAL TAXES COLLECTED 96.75 CK 1405