



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

270810

NEW OR CURRENT TITLE NUMBER 77440875	TRANSACTION N1 CODE*	REGISTRATION ONLY NUMBER
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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	LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS 1 (MAILING) 2824 S RUTHERFORD BLVD			ADDRESS 2 (PHYSICAL) CITY STATE ZIP CODE			
CITY MURFREESBORO			STATE TN			
ZIP CODE 37130			ADDITIONAL OWNER			
CITY OF RESIDENCE (RURAL, SUBURBAN OR INCORPORATED LOCATION) RUTHERFORD	PURCHASE DATE 1/15/2008	*LEASED <input type="checkbox"/>	*SERVICE OPTIONS <input type="checkbox"/>	6158642699	*PLACARD / HEARING IMPAIRED CLS/YR	*INSURANCE POLICY #

VEHICLE INFORMATION										
VIN 1S12E953X9E523022	MAKE STRI	MODEL S75	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 (8) 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 (0) NOT ACTUAL (1) OVER 10 YRS / 16,000 LBS (1) IN EXCESS OF MECHANICAL LIMITS (9)	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) U039183	CLASS CODE / ISSUE YR (1) (3) 3020/1994	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					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 QUINGDAO SINGAMAS					DEALER ADDRESS DE 559				

<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
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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 3/ 5/2008 10: 9
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INVOICE NUMBER 304 20080305	COUNTY NAME DAVIDSON	CO NUMBER 19	DATE OF APPLICATION 3/ 5/2008	BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) JOHN ARRIOLA #304 GRAVESI 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/R/SP/AGENCY RECEIVED: 03/05/2008	*TOTAL TAX COLLECTED 96.75 CK 144				