



OFFICIAL VEHICLE REGISTRATION

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| NEW OR CURRENT TITLE NUMBER 92839998 | | TRANSACTION CODE N01 | | REGISTRATION ONLY NUMBER | |
| OWNER INFORMATION (LEGAL STATUS: 1 AND 2 OR) [ENTER NAME CODE IN BOX 1 (SAME) / (DIFFERENT) / (MULTIPLE LAST NAMES) / (COMPANY) / (OVER 78 CHARACTERS)] [5] [N] [N] | | | | | |
| LAST NAME WELLS FARGO EQUIPMENT FINANCE INC | | | FIRST NAME WELLS FARGO EQUIPMENT FINANCE INC | | |
| ADDRESS 1 (MAILING) 733 MARQUETTE AVE 700 | | | ADDRESS 2 (PHYSICAL) 3100 WEST END AVE STE 530 | | |
| CITY MINNEAPOLIS | | STATE MN | | ZIP CODE 55402 | |
| CITY NASHVILLE | | STATE TN | | ZIP CODE 37203 | |
| CITY OF RESIDENCE/PRINCIPAL BUS OR INCORP LOCATION DAVIDSON 019 | | PURCHASE DATE 06/19/2013 | | *LEASED <input checked="" type="checkbox"/> *SERVICE OPTIONS <input checked="" type="checkbox"/> <small>SEE REVERSE SIDE FOR INSTRUCTIONS</small> | |
| TELEPHONE # 3395218 | | *PLACARD/HEARING IMPAIRED CLS/YR | | *INSURANCE POLICY # | |
| VEHICLE INFORMATION | | | | | |
| VIN 1JJV532W96L993233 | | MAKE WANC | | MODEL 1JJ | |
| YEAR 2006 | | BODY SE | | TITLE BRAND - translation NEW | |
| CODE N | | TYPE OF FUEL - translation | | CODE 9 | |
| SURRENDERED TITLE # 09517969 | | STATE ME | | PREVIOUS STATES TITLED | |
| VEHICLE USE F | | VEHICLE TYPE S | | CURRENT MILEAGE | |
| ODOMETER ACTUAL (0) / NOT ACTUAL (0) INDICATOR OVER 10 YRS / 10,000 LBS (1) (List one) IN EXCESS OF MECHANICAL LB/TG (0) | | CODE 1 | | | |
| COLOR CODE (enter appropriate code) UPPER 9 | | MOBILE HOME LGTH WORTH | | # AXLES 4 | |
| GROSS VEHICLE WEIGHT | | *VEHICLE TRADE-IN DESCRIPTION | | COMPANY VEHICLE # 6001179 | |
| PLATE INFORMATION (required for Title and Registration and Registration Only Applications) SEE REVERSE SIDE FOR COMPLETE INSTRUCTIONS | | | | | |
| PLATE #(1) U446456 | | 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) PERMANENT | | | |
| TDR STICKER #(4) | | TEMP OPERATOR PERMIT #(3) | | # OF SEATS (5) | |
| ZONE (COUNTY NAME) (6) | | USDOT / REGISTRANT #(7) | | MOTOR CARRIER #(8) | |
| LIEN INFORMATION (IF APPLICABLE) | | | | | |
| LIEN CODE | | FIRST LIENHOLDER | | LIEN DATE | |
| STREET | | CITY | | STATE | |
| ZIP CODE | | | | | |
| LIEN CODE | | SECOND LIENHOLDER | | LIEN DATE | |
| STREET | | CITY | | STATE | |
| ZIP CODE | | | | | |
| LESSOR / REGISTRANT INFORMATION (OWNER OF VEHICLE) | | | | | |
| NAME | | | NAME | | |
| ADDRESS | | | CITY | | |
| | | | STATE | | |
| | | | ZIP CODE | | |
| VEHICLE COST/TAX INFORMATION (required for Title & Registration Transactions) | | | | | |
| SALE PRICE | | TRADE IN ALLOWANCE | | TAXABLE AMOUNT | |
| SALE TAX PAID | | DEALER NAME | | *TAX EXEMPTION REASON / SALES TAX # 100551600 | |
| DEALER ADDRESS | | DEALER # 99999 | | | |
| REGISTRATION INFORMATION (REQUIRED FOR REGISTRATION ONLY TRANSACTIONS) | | | | | |
| <input type="checkbox"/> LOST | | <input type="checkbox"/> STOLEN | | <input type="checkbox"/> MUTILATED | |
| <input type="checkbox"/> RTND 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) | | DATE 9/11/2013 8:53:28 AM |
| | | | | | 09/11/2013 |
| INVOICE NUMBER 13254 @ | | COUNTY NAME DAVIDSON | | CO NUMBER 19 | |
| DATE OF APPLICATION 09/11/2013 | | BY AUTHORITY OF REGISTRAR OF MOTOR VEHICLES (COUNTY CLERK) BRENDA WYNN | | ID NUMBER MSMITH - 1 | |
| OFFICE USE ONLY | | | | | |
| REGISTRATION FEE 79.75 | | CREDIT | | LEASE FEE | |
| TRANS FEE | | CLERK FEE | | ISSUANCE FEE | |
| TITLE FEE 5.50 | | TOTAL TAX COLLECTED .00 | | | |
| COMPUTATION OF | | SALES OR USE TAX | | SA TAX | |
| LOCAL TAX | | ADDITIONAL TAX | | COLLECTED IN STATE OF | |
| COUNTY WHEEL TAX | | CITY WHEEL TAX | | | |
| <input type="checkbox"/> SALES TAX <input type="checkbox"/> USE TAX | | ORGAN DONOR | | POSTAGE | |
| VER | | ID / RESIDENCY VERIFICATION | | *TOTAL FEES COLLECTED 97.25 | |