



3355 Lenox Rd.

Suite 750

Atlanta, Ga 30326

Phone 1-844-662-7433

Fax 1-888-371-3301

DATE: _____

DEALER NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

PLEASE STATE BELOW WHICH SERVICE YOU ARE REQUESTING

REPLACEMENT TITLE: Y____ N_____

BONDED TITLE: Y____ N_____

VEHICLE HISTORY ONLY: Y____ N_____

YEAR: _____ MAKE: _____ MODEL: _____ VIN: _____ COLOR: _____

MILES: _____ WAS THIS VEHICLE SOLD AS A REPO: _____ Yes _____ No

IF YOU HAVE TITLE COPIES PLEASE PROVIDE THEM WITH YOUR PROOF OF PURCHASE

I do hereby grant AC Title Services LLC, it's employees and affiliates permission to apply for the services requested listed above. It is understood that no third party outside of your dealership can contact AC TITLE SERVICES LLC about the above mentioned vehicle to inquire. All fees have been acknowledged and accepted with my signature below. I sign this form on behalf of _____ (name of dealership/bank). If any information has been falsified I do understand that AC Title Services LLC, it's employee's, nor its affiliates will be held liable due to client dishonesty. I also understand that any fees unpaid after my acknowledgment of said fees will lead to my account going into collections to obtain the balance due plus any collection fees.

Printed Name: _____

Signature: _____ Date: _____

PLEASE ALLOW 24 HOURS FOR YOUR REQUEST TO BE PROCESSED.PLEASE EMAIL YOUR REQUESTS TO ACTITLESERVICESLLC@GMAIL.COM

PLEASE PROVIDE ANY DETAILED INFORMATION BELOW:
