APPLICATION FOR MICHIGAN TITLE – STATEMENT OF VEHICLE SALE | **Invoice No.** | **Michigan Registration** | **Candice S. Miller, Secretary of State**

Purchase Date 07/26/01

Delivery Date 08/15/01

Stock No.

Dealer Lowell Auto Body

Address 319 E. Main

City Lowell

County	State	Zip Code
Kent	MICHIGAN	49331

Dealer License	Sales Tax License	Phone Number
A1931	382682354	(616) 897-6431

Vehicle Sold New ☐ Used ☑ Demo ☐ | **Trade-In** Yes ☐ No ☑

Trade-In Year	Make	Vehicle No.

TEMPORARY VEHICLE REGISTRATION USED TO TRANSFER PLATES
Expires 15 days after delivery date

Plate transferred from: Year Make

Vehicle No.	Plate No.	Temp. Expiration Date

THIS VEHICLE WILL BE USED OR HAS BEEN USED AS:

☐ A POLICE VEHICLE ☐ A DRIVER EDUCATION VEHICLE
☐ A GOVERNMENT VEHICLE ☐ A TAXI
☐ A SALVAGE TITLE HAS PREVIOUSLY BEEN ISSUED

ODOMETER MILEAGE

The following section must be completed when odometer disclosure is required. The odometer mileage reading must match the mileage reading disclosed to the purchaser on the title and/or mileage statement.

NO TENTHS

☐ actual mileage ☐ not actual mileage ☐ exceeds mechanical limits of odometer

Factory Installed Accessories ☐ Factory List Affixed To Vehicle

Dealer Installed Accessories When Optional to Purchaser

REMARKS:

Out of state sale. Washington 6% sales tax.

CONTRACTUAL DISCLOSURE STATEMENT FOR USED VEHICLES ONLY
"The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale."

"I CERTIFY I SOLD THIS VEHICLE TO THE PURCHASER NAMED IN THIS FORM. I HEREBY WARRANT THE TITLE TO THE VEHICLE AND CERTIFY THAT THE VEHICLE IS SUBJECT ONLY TO THE SECURITY INTERESTS NAMED ABOVE."

Dealer's Signature Title

Expires On Month	Day	Year	Months	☐ NEW PLATE ☐ RENEWAL ☐ TRANSFER

Year	Make	Body Style	Code	County
1940	LaSalle	Hearse	1	84

Vehicle No.	Wt. or Fee Cat.	License Fee
2327779	4920	10,00

Driver License No./PIDs of All Owners/Lessees
1) C.
2)
3)

County of Residence: Foreign

Title: OOS

Title Late Fee: 0,00

Complete Name(s) and Address(es) of All Owners or Lessors
Bruce Robinson
2381 Cooke Canyon Rd.
Ellensburg, Washington 98926

Tax: 156,00

Transfer Fee: 0,00

Total–Trans. to #4: 166,00

Complete Name(s) and Address(es) of All Lessees

Full Rights to Survivor Yes ☐ No ☐

Insurance Company	Policy No. or Binder No.

First Secured Interest ____ Filing Date
Address ____
City-State Zip

Second Secured Interest ____ Filing Date
Address ____
City-State Zip

1. **PURCHASE PRICE OF VEHICLE** (Including Freight & Accessories)		2,600.00
2. OTHER TAXABLE CHARGES (Documentary Fee, Service Fee, Temp. Reg. Fee, Etc.)		0.00
3. **TOTAL TAXABLE PRICE**		2,600.00
4. (Above total) SALES TAX - LICENSE - TITLE		166.00
5. NON-TAXABLE CHARGES (Labor, Service Contract, Etc.)		0.00
6. **TOTAL DELIVERED PRICE**		2,766.00
7. CASH ON DEPOSIT		2,766.00
8. CASH DUE ON DELIVERY		0.00
9. TRADE-IN	$ 0.00	0.00
10. LESS LIEN	$ 0.00	
11. TOTAL DOWN PAYMENT		0.00
12. UNPAID BALANCE TO BE FINANCED		0.00
13. INSURANCE CHARGE*		0.00
14. **TOTAL AMOUNT OF FINANCE CONTRACT**		0.00

***TYPE OF INSURANCE**

WARNING: This insurance is not PL/PD No Fault Insurance required by Michigan Law.

☐ CREDIT LIFE ☐ HEALTH & ACCIDENT
☐ ____ ☐ ____

Temporary Registration No. ____ Temporary Fee Charged Yes ☐ No ☐

Salesperson ____

PURCHASER WARNING: DO NOT SIGN BLANK FORM

I am purchasing or leasing this vehicle and am applying for a Michigan certificate of title and registration or, if the lessee, applying for a registration. I certify that my driver license is not suspended, revoked, or denied, as a repeat offender and I am eligible to purchase or register the vehicle.

Date X ____ Date X ____
Date X ____ Date X ____
Date X ____ Date X ____
Purchaser's/Lessor's Signature(s) Lessee's Signature(s)

PURCHASERS NOTE: IF VEHICLE TITLE IS NOT RECEIVED WITHIN 30 DAYS, CONTACT THE BUREAU OF AUTOMOTIVE REGULATION AT 1-800-292-4204

Authority granted by P.A. 300 of 1949, as amended.

THIS FORM MUST BE TYPED ONLY

RD-108 4/01