

TRANSMITTAL



7500 W. Madison Tolleson, AZ 85353
PH: 602-850-6000 FAX: 602-253-1848

COMPANY NAME

CONTACT

ADDRESS

DATE

| DEALER/FLEET/INDIVIDUAL | FLEET ACCOUNT# | FLEET EXPIRATION DATE | DEALER LICENSE# | TOTAL SUBMITTED |
|-------------------------|----------------|-----------------------|-----------------|-----------------|
| | | | | |

| | CUSTOMER | VIN# (last -6)/ PLT# | Make | Year | Body Style | Unit# | Trans Request | MVD Fee | ATA Fee | Proc Fee |
|----|------------|----------------------|------|------|------------|-------|---------------|---------|---------|----------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| | Total Fees | | | | | | | | | |

SIGNATURE _____

| | |
|---------------------|--|
| AMOUNT OF MONEY DUE | |
|---------------------|--|