



PREFERRED AUTO SALES

VEHICLE INFORMATION
AND PAYOFF
AUTHORIZATION LETTER

The purpose of the letter is to obtain the loan or lien information pertaining to the below mentioned vehicle. If your vehicle has additional liens, other than the below mentioned, you are responsible for paying that lien and/or liens off, including any TAVT taxed owed to the State of Georgia for any reason.

Ref: Year Make Model

VIN #

Creditor 1:

Creditor 2:

Address:

Address:

Phone #:

Phone #:

Loan Acct #:

Loan Acct #:

Payoff Amt \$ (10 day payoff amount)

Payoff Amt \$ (10 day payoff amount)

Good Through

Good Through

I, (Members Name), also understand that any difference in this payoff

information and actual payoff amount(s) I am responsible for paying. This letter shall serve as written authorization for Members AutoChoice to pay off my existing lien. Please send the title and any supporting documents to Members AutoChoice at the address below.

Thank you for choosing Members Auto Choice.

Members Name - Print

Members Signature