

PAA SERVICES, INC.

1925 NORTH FRONT STREET
P.O. BOX 2955
HARRISBURG, PA 17105-2955
TELEPHONE:(800)242-3745 FAX:(717)255-8356

LIEN VERIFICATION REQUEST FORM

DEALERSHIP NAME _____

ADDRESS _____

PHONE # _____

FAX # _____

CONTACT PERSON _____

SPECIAL INSTRUCTIONS _____

OWNER'S NAME

LIST OF TITLE # OR VIN #S
(preferred Title #)

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____
K. _____

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____
K. _____

The following information will be provided to the dealer in order to sell without a title present.

1.) Vehicle Owner

3.) Odometer Information

2.) Lienholder(s)

4.) Title Brand(s)