

EXHIBIT C (page 1)

FAST TITLE SERVICE WALK-IN LEDGER FOR A TITLE

Date	
Title Number	
Audit Control #	
Batch Number	
Printed Name	
Signature	
Address	
Phone Number	
DL Number	
Verified Name By ID/DL #	

EXHIBIT D

AUTHORIZATION/RELEASE AFFIDAVIT

Owner Information:

Vehicle Description

Name of Registered Owner(s)

Title Number

Address

Year

Make

City State Zip

Vehicle Identification Number

Phone Number-Including area code

I _____ authorize _____
(Owner's Name) (Person Appointed)

to receive my title certificate or registration for the above described vehicle.

Under Penalties of perjury I declare that I have read the foregoing document and certify that the statement is true.

Signature of Owner

(Date)

Signature of Co-Owner