

Vehicle Supplemental Information Form

Information about you:

Name: _____

Address: _____

Phone: _____

Driver's License Number: _____ State/Country: _____

Social Security Number: _____

Passport Number and Country: _____ Date of Birth: _____

Information about your vehicle:

Year/Make/Model/Color: _____

Value: \$ _____ Vin #: _____

License Plate #: _____ State: _____

Who will receive your vehicle at destination:

Name: _____

Address: _____

Phone: _____

Title Information:

Please provide an address and phone number below for where the original title should be returned to once customs clearance is received. Please note that we will return your title via courier service so please DO NOT list a P.O. Box address.

Phone: _____