



P O BOX 1022
GARDENA CA 90249
(323) 755-3100 (PHONE) (323) 755-3117 (FAX) liensaleinfo@thewayautoca.com (Email)

LIEN SALE REQUEST

- Instructions:**
1. Please complete sections (1) and (2). (This information is mandatory to complete your lien sale)
 2. Fax, Mail or Email completed form to "The Way Auto" Lien Sale Division (Address, Email & Fax # above)
 3. Please send FULL PAYMENT. (Requests received without FULL PAYMENT will not be processed)

(SECTION 1)

DAY _____ DATE _____

New Customer

Check Here

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____ COLOR _____ TYPE _____

(2D, 4D, CP, UT, PK, SD)

VIN # _____
(DOOR) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

VIN# _____
(DASH) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

License Plate # _____
1 2 3 4 5 6 7

(SECTION 2)

COMPANY INFORMATION

(REPAIR SHOP/BODY SHOP/COLLISION ETC.)

CONTACT PERSON:

FIRST NAME _____ LAST NAME _____

COMPANY NAME _____

(This is the name in which you transact business)

BUREAU OF AUTOMOTIVE REPAIR LICENSE # (B.A.R.#) _____

ADDRESS _____ CITY _____ STATE CA ZIP _____
(COMPANY)

PHONE # _____ FAX# _____ EMAIL _____

SERVICE CHARGES: (Must Have Bureau of Automotive Repair License # (B.A.R.#) \$ _____

STORAGE RATE PER DAY \$ _____ STORAGE CHARGES \$ _____

DATE VEHICLE WAS RECEIVED _____

DATE OWNER WAS BILLED FOR SERVICE _____

SPECIAL INSTRUCTIONS/ NOTES: _____

FOR OFFICE USE ONLY

LIEN SALE CHARGE \$ 55.00 DEPOSIT PAID \$ 0.00 BALANCE DUE \$ 55.00