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VERS 1.2 10/23/04 UPD.

THE WAY AUTO

THE WAY FINANCIAL SERVICES, INC.

14000 VAN NESS AVE # F
GARDENA CA 90249

(323) 755-3100 *(PHONE)* (323) 755-3117 *(FAX)* liensaleinfo@thewayautoca.com

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 PAYMEN T**.***(Requests received without FULL PAYMENT will not be processed)***

(SECTION 1) **DAY** **DATE**

New Customer

Check Here ☐

VEHICLE INFORMATION

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

YEAR **MAKE** **MODEL** **COLOR** **TYPE**

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

G1/E3

LIEN SALE CHARGE $ **DEPOSIT PAID** $ **BALANCE DUE** $