

ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white out

538416

CL9202/28/23:01:3742: 204.00 CK01  
 9276043T ETR 00/00  
 FOR DEPOSIT ONLY

<b>1 Type of transaction(s):</b> <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		<b>2 Current Plate Number</b> 6232003432/	
<b>3 Plate Type Requested</b> ST SEMI TRAILER		<b>4 Exp. Month</b> _____ <b>Year</b> _____	
<b>5 OWNER INFORMATION</b>			
<b>First</b> _____ <b>Last</b> _____ <b>Middle</b> _____ COMPASS LEASE LLC		<b>6 Owner 1 DL/FEIN #</b> _____ <b>Owner 2 DL/FEIN #</b> _____	
<b>Residence/Business Street Address</b> 15W580 FRONTAGE ROAD <b>City</b> BURR RIDGE <b>STATE</b> IL <b>Zip</b> 60527			
<b>7. VEHICLE INFORMATION</b>			
<b>8 Purchase Date</b> 02/23/2023 Month Day Year		<b>Vehicle Identification Number (VIN)</b> 1JJV532DXRL427973	
New <input checked="" type="checkbox"/> Used <input type="checkbox"/>		<b>Year</b> 2024 <b>Make</b> WABASH <b>Model</b> DRY VAN <b>Body Style</b> SEMI TLR <b>Color</b> WHI / WHI	
<b>9 Current Odometer Reading (No Tenths)</b> <input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		<b>11. File Number</b> _____ <b>12. Unit Number</b> _____	
<b>10 Surrender Title Number and State</b> # MCO State: ZZ		Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>	
<b>13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)</b> Name _____ Street Address _____ City _____ State _____ ZIP _____		<b>14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b> Insurance Company Name (Do not list agent) _____ Policy Number _____ Expiration Date _____	
<b>15. FIRST LIENHOLDER</b> Name BANC OF AMERICA LEASING Street Address 600 PEACHTREE STREET NE 11TH FLOOR City ATLANTA State GA ZIP 30308		<b>16. SECOND LIENHOLDER</b> Name _____ Street Address _____ City _____ State _____ ZIP _____	
<b>17. TRANSFER INFORMATION</b> Year _____ Make/Model _____ VIN _____		<b>18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b> Name QUALITY TRAILER SALES Dealer # SOS Street Address 1601 E. 1ST AVENUE City MILAN State IL ZIP 61264	
<b>19. BENEFICIARY</b> Name _____ Street Address _____ City _____ State/Country _____ ZIP _____		<b>20. REASON FOR REPLACEMENT PLATES/STICKER</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
<b>21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b> State all reasons for corrections or duplication.		<b>24. AUDITOR'S USE ONLY</b> TRP NUMBER _____ Tax Form Number MV 090527811 \$204.00 Auditor Comments: _____ Circle Quarter: 1st 2nd 3rd 4th	
<b>22 Daytime Phone Number (optional)</b> 630-468-0714		<b>23 Signature(s)</b> 1.  SIGN HERE 2.  SIGN HERE	
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			

02/27/2023 VS@ARA

OFFICE USE ONLY Verified by CRT  I.D.  REMITTER/DRIVER SERVICES FACILITY STAMP:

6232003432

EXPEDITED TITLE

IL Resident

CUSTOMER RECEIPT

Date: \_\_\_\_\_

Control #