

NATIONAL VEHICLE TITLE & LICENSE SERVICE, INC.

**P O Box 3456
Springfield, IL 62708
217-753-2318 • FAX 217-753-2352
www.nvtlsi.com**

CLIENT INFORMATION FORM

Date: _____

GENERAL INFORMATION

Business Legal Name _____

Business Address _____

City: _____ State: _____ Zip: _____

Mailing/Billing Address (if different from above) _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

Company Web Page Address _____

Business Contact: First Name _____ Last Name _____

Title/Position _____ E-mail: _____

Billing Contact: First Name _____ Last Name: _____

Title/Position _____ E-mail: _____

Overnight Service & Account Number: _____

Signature & Printed Name _____