



Additional Tag Request Form

PO Box 3858 Portland Maine 04104 Phone: 888-682-7277 Fax: 207-482-8800

Account # _____

Last Name _____

First Name _____

MI _____

Additional Tag Request (Check one box per tag)

License Plate number(s) to be added to account:

1. Passenger Car/SUV

Pickup – Under 7,000 lbs. Over 7,000 lbs.

Van – Under 7,000 lbs. Over 7,000 lbs.

Motorcycle

Windshield (\$10.00 + \$.55 Sales Tax)

License Plate (\$17.00+ \$.94Sales Tax)

\$ _____

State

Plate #

Plate Type

2. Passenger Car/SUV

Pickup – Under 7,000 lbs. Over 7,000 lbs.

Van – Under 7,000 lbs. Over 7,000 lbs.

Motorcycle

Windshield (\$10.00 + \$.55 Sales Tax)

License Plate (\$17.00 + \$.94 Sales Tax)

\$ _____

(A) **Tag Subtotal** \$ _____

(B) **Prepaid Balance** \$ _____

Payment Total \$ _____

(A + B = Payment Total)

Payment Options

Cash Check Credit Card (please indicate information below)

Credit Card Type: Visa MasterCard Discover American Express

Credit Card # _____ - _____ - _____ - _____ **Expiration Date** _____

Card holder name: Last name _____ First name _____ MI _____

Card billing name: Last name _____ First name _____ MI _____

Billing address: _____

City/Town: _____ **State** _____ **Zip Code** _____

***Card Holder Signature** (required if different than account holder) _____

I authorize the above changes to my account to be completed.

***Signature** (of account holder required) _____

CSR _____ Date _____

(For office use only)

Processed by _____ Date _____ Payment Total : \$ _____