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)

1. ☐ Passenger Car/SUV
Pickup – ☐ Under 7,000 lbs. ☐ Over 7,000 lbs.
Van – ☐ Under 7,000 lbs. ☐ Over 7,000 lbs.
☐ Motorcycle
☐ Sticker Tag ($5.00 + $.28 Sales Tax)
☐ Windshield ($15.00 + $.83 Sales Tax)
☐ License Plate ($17.00+ $.94 Sales Tax)
$_____

2. ☐ Passenger Car/SUV
Pickup – ☐ Under 7,000 lbs. ☐ Over 7,000 lbs.
Van – ☐ Under 7,000 lbs. ☐ Over 7,000 lbs.
☐ Motorcycle
☐ Sticker Tag ($5.00 + $.28 Sales Tax)
☐ Windshield ($15.00 + $.83 Sales Tax)
☐ License Plate ($17.00 + $.94 Sales Tax) $_____

$_____

(A) Tag Subtotal $_____
(B) Prepaid Balance $_____
Payment Total (A + B = Payment Total) $_____

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

State Plate # Plate Type

_____

_____

_____

Payment Options

☐ Cash ☐ Check ☐ Credit Card (please indicate information below)

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # XXXX - XXXX - XXXX - _____ **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) _____

(For office use only)

CSR_____ Date_____

Processed by_____ Date_____ Payment Total : $_____