# Additional Tag Request Form

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

<table>
<thead>
<tr>
<th>Account #</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

## 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
   - [ ] Windshield ($10.00 + $.55 Sales Tax)
   - [ ] License Plate ($17.00 + $.94 Sales Tax)

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

<table>
<thead>
<tr>
<th>State</th>
<th>Plate #</th>
<th>Plate Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   $ __________

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) ____________________________

(For office use only)

CSR ____________________________ Date ____________________________

Processed by ____________________________ Date ____________________________ Payment Total: $