

MCDANIELS PAYOFF VERIFICATION

CLIENT: _____ DATE: _____

STOCK NUMBER: _____ VIN: _____

YEAR: _____ MAKE: _____ MODEL: _____

SOCIAL SECURITY NO. _____

BANK: _____

MAILING ADDRESS: _____

(NO P.O. BOXES, NEED STREET _____

ADDRESS FOR OVERNIGHT) _____

ATTENTION: _____

ALTERNATE ADDRESS: _____

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

AMOUNT: \$ _____ GOOD THRU: _____

PER DIEM: \$ _____ VERIFIED BY: _____

SALES CONSULTANT'S INITIALS: _____ TIME: _____

** Always Ask For Other Lien Information (2nd Liens)*

OTHER BANK LIENS: _____

MAILING ADDRESS: _____

ATTENTION: _____

PHONE NUMBER: _____

ACCOUNT NUMBER: _____

AMOUNT: \$ _____ GOOD THRU: _____

PER DIEM: \$ _____ VERIFIED BY: _____

SALES CONSULTANT'S INITIALS: _____ TIME: _____

COMMENTS OR SPECIAL INSTRUCTIONS: _____

REVERIFY ALL NUMBERS AFTER 72 HOURS!

Sales Consultant Is Responsible For Obtaining Accurate Pay Off Information!!