

TITLE RELEASE AUTHORIZATION

Expedited Title

I\We, _____, the undersigned, hereby, authorize Auto Title Services Group LLC to expedite and release the title on the vehicle described below:

Make Year Body Model

Vehicle Identification Number

To the following:

Furthermore, I\We acknowledge Auto Title Services Group LLC requires proper identification to be presented in order for this title to be released.

If this certificate of title is not picked up by _____, I/We acknowledge that my title will be mailed to the address as indicated on the title.

Registered Owner Signature

Date

Registered Owner Printed Name

Registered Owner Signature

Date

Registered Owner Printed Name

Contact Information:

Phone #: _____