

CALIFORNIA LIEN SALES

Pam - 562-822-4119 or Steve - 909-747-2818

Date ____/____/____

Company Name _____

Address _____

BAR # _____

Phone # _____ FAX # _____

Contact Person _____

Vehicle VIN# _____

Engine No. (Motorcycles only) _____

Year ____ Make _____ Model _____ Color _____

License # _____ State _____ Expiration _____

Vehicle Condition (Please Explain) _____

Under \$4000 ____ Over \$4000 ____ Under \$500 ____

Boats and Trailers Ple Please call us to help you with a vessel.

Possession/Tow Date ____/____/____ Tow\$ _____ Storage/Day\$ _____

Evidence/Release Date (if applies) ____/____/____

Repairs\$ _____ Date completed ____/____/____ Billing date ____/____/____

The Storage Authority Is (On the 180 form): 22651__ 14602.6 __ 22669__ 22655.5 __

If No 180 Choose Please choose one PD__ Other ____

R/O Name _____ L/O Name _____

Address _____ Address _____

IF NAMES ARE ON THE 180 FORM YOU MUST PROVIDE THEM.

PLEASE CALL IF YOU NEED HELP WITH ANYTHING