

STAAB AGENCY Shirley St. Pierre / Statutory Agent

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REGISTRATION INFORMATION

Name of Person Or Company ordering: _____

Address of Person Or Company ordering: _____

City: _____ State: _____ Zip: _____

Name to appear on Registration:

Address where to send registration(s):

City: _____ State: _____ Zip: _____

Contact Person: _____	E-Mail _____
Fax# (____) _____	Tele: (____) _____
Federal ID # _____	Date of Birth: ____/____/____
(Registering as a Company)	(Registering as an Individual)

Visa/MasterCard/Discover: ____/____/____/____ Expires: ____/____
(Credit Card transactions are subject to 5% processing fee)

Name on Card: _____ V# _____ Signature _____

Comments: _____

Number of trailer(s) to re-register: _____ New trailer(s): _____ Year to Expire _____

Unit #	Year	Make	Serial # (vehicle ID #)	Plate #	Yr to expire
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____

EXAMPLE: _____ X _____ = \$ _____
(# Of trailers) (Cost of expiration year)
_____ X _____ = \$ _____
(Number of titles) (Title prices)

Power of Attorney Fee (new customers) \$ **20.00** _____
Shipping (see shipping page for amounts) \$ _____

TOTAL \$ _____