

Payoff Sheet

Customer Name _____

Vehicle _____

VIN Last 6 _____

Salesperson _____

Payoff Account # _____

20 Day Payoff Amount \$\$ _____

Good Until : _____

Per Diem: _____

Quoted By: _____

Payoff to: _____

Payoff Phone Number: _____

Payoff Address must be Street Address not P.O. Box

Overnight Address: _____

City _____

State _____

Zip Code _____

If Payoff amount is more than quoted, customer agrees to pay the difference.

Customer Signature _____

Second Lien: _____

Second Lien Information: _____