

## FINANCING STATEMENT

## **Please Print or Type Information**

Fee: \$40.00

(Original New Jersey Title Must Accompany this Application)

hereby certify that I h	ave entered	d into a se	curity agre	ement	affecting the	e article d	escribed belo	w, with
			NONE					
Driver License Number or Corpcode (Lienholder)			(NAME OF LIENHOLDER)					
Address			City			State	Zip Code	
Dated			-					
Make of Vehicle	1 13	Year	П	Y	Вос	dy Type		
5677AC4699P			AUL	Ι				
Identification Number			Mo	del				
This Statement is pres New Jersey together v				of the N			on of the Stat 9:10-11C as a	
Driver License Number or Co				Signature of Owner				
Name of Owner (Print)			ě					
Address			City			State	Zip Code	<del></del> 0:
Date			<b>=</b> ₹					

Unless this statement, with the certificate of ownership for the article, is presented to the Chief Administrator of the New Jersey Motor Vehicle Commission, or his/her agent, for filing, there shall be the same result of failure to file as provided in Chapter 9 of Title 12A of the New Jersey Statutes.

OS/SS-85C (R5/05)