

FINANCING STATEMENT

Please Print or Type Information

Fee: \$40.00

(Original New Jersey Title Must Accompany this Application)

I hereby certify that I have entered into a security agreement affecting the article described below, with

006338000100230 ABEFCU				
Driver License Number or Corpcode (Lienholder)		(NAME OF LIEN		
PO BOX 4002,ANSONIA STATI	(ANSONIA	STATION	NY	10023
Address	City		State	Zip Code
Dated				
Make of Vehicle You	ear 🗆	E 6	Body Type	
ME36985214700				
Identification Number	Mo	odel		
This Statement is presented to the Ch New Jersey together with Certificate of				ion of the State of 39:10-11C as amende
Driver License Number or Corpcode (Owner)			Signature of Owner	
Name of Owner (Print)				
Name of Owner (Print) Address	City		State	Zip Code

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)