

## 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 LIE	NHOLDER)	DER)	
PO BOX 4002, ANSONIA STATIO	ANSONIA	STATION	NY	10023	
Address	City		State	Zip Code	
Dated					
Make of Vehicle Year	П	E 6	Body Type		
010100010001010					
Identification Number	Mo	odel			
This Statement is presented to the Chief New Jersey together with Certificate of C				ion of the State of 39:10-11C as amended	
Driver License Number or Corpcode (Owner)		Signature of Owner			
Name of Owner (Print)					
				<del>                                     </del>	
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)