

## 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

SAF2343243	MUTUAL CREDIT						
Driver License Number or	(NAME OF LIENHOLDER)						
134 FRANKLIN	BLVD,AD	DD, SHI	SHELTON	CITY		GA	45666
Address			City			State	Zip Code
Dated							
21FDFDD		2122				2DRCOUP	
Make of Vehicle	18	Year	D.	1		Body Type	
999999999999	)		333	2S			
Identification Number	Model						
This Statement is possible New Jersey together							ion of the state of
					pu	isualit to N.S.	39:10-11C as amend
Driver License Number o	r Corpcode (O	wner)			pu		39:10-11C as amend
Driver License Number of Name of Owner (Print)	r Corpcode (O	wner)	D		pu		
	r Corpcode (O	wner)	City		pu		
Name of Owner (Print)	r Corpcode (O	wner)	City		pu	Signature	

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)