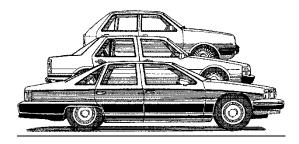


## **VEHICLE REGISTRATION FORM**



Please complete all of the information in the spaces provided and return to The Select Group office via mail, fax, hand delivery or email, as provided at the top of this form.

Phone: (h)(w)		(c)		
	VEHICLE INFORMA	<u>ATION</u>		
	Year, Make, Model of Vehicle	Color	License Plate #	State
Vehicle #1				
·· <del>-</del>				
Vehicle #2				

Return completed form to The Select Group at the address or fax number provided above or email to <u>jstrickland@theselectgroup.us</u>