

## **CONSUMER LOAN PAYOFF INFORMATION**

## (MUST BE SUBMITTED TO TAV TEXT LINE 214-307-9060)

Please provide the following information

Texas Auto Value - 4112 BILLY MITCHELL DRIVE ADDISON TEXAS 75001 FEDEX # 679882384 - FREE OF CHARGE

	FEDEX # 679882384 - FREE OF 0	CHARGE
<b>Document Checkli</b>	st:	
☐ Account Number	☐ POA/Reassignment/Title	☐ 10 Day Payoff
☐ Drivers License	☐ Bill of Sale	☐ Pier Diem
		ner. Photo of all information must be submitted. nt first hand.
Financial Institutio	n Information:	
Consumer's Financial		
Institution/Lien Holder:		
Overnight Address: (No PO Boxes)		
(NO PO Boxes)		
Contact Name:	P	hone Number:
Consumer Account	t Information:	
Year/Make/Model:		
10 Day Payoff Quote: (Attach Quote from Lender)		
Consumer Account #:		
VIN:		
Good Through Date:		
Per Diem:		
To Texas Auto Value, Inc.:		
provided herein is true and represent that the "Account	l accurate in all respects as of the date a	nt and represent that all of the information appearing below. I further warrant and formation with Texas Auto Value, Inc. to pay off
Authorized Signature:		Date:
Print Name:		Print Title: