

STATE OF WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION
DIVISION OF MOTOR VEHICLES

BUY HERE – PAY HERE DEALER AFFIDAVIT

PURCHASER’S INFORMATION

_____	_____	_____
(Purchaser’s Name)	(Purchaser’s Address)	(Phone #)
_____	_____	_____
(Co-Purchaser’s Name)	(CO-Purchaser’s Address)	(Phone #)

VEHICLE DESCRIPTION:

Make	Year	Body Type	Vehicle Identification Number

LIEN INFORMATION:

Name of Lienholder _____

Address _____

Date of Sale _____

Total Amount of Lien	Kind of Lien	Date

Total Amount of Payments	Amount of Payment	Payment Due Date

DEALER INFORMATION:

Name of Dealership _____ Dealer Number _____

Address _____

The Purchaser (s) do hereby acknowledge purchase of the vehicle described above and that the listed lienholder has a valid lien on the vehicle.

X _____

Purchaser’s Signature Date C-Purchaser’s Signature Date

Dealer Representative’s Signature Date

White Copy – Submit with original title work
Pink Copy – Dealer
Yellow Copy - Customer