



PRIVATE PARTY PURCHASES

(Please fill out completely)

Loan Officer: _____ (503) 588-0181 or 1-800-688-0181 ext. _____

Member Name: _____

ITEMS REQUIRED FOR ALL LOANS:

- Copy of vehicle title or current registration
- Power of Attorney (attached): Signed by all sellers listed on the current title/registration.
- Authorization for Payoff (attached): Required only if there is currently a loan on the vehicle.
- Vehicle Inspection: Your loan officer will take a picture of the vehicle at Maps Credit Union.

FREE AND CLEAR TITLES:

- If the vehicle title is held free and clear (not financed) the title must be delivered to Maps in order to obtain the loan proceeds.

LEASED VEHICLES:

- If you are purchasing a vehicle that is currently leased, lease termination documents may be required.

VEHICLE INFORMATION:

Year: _____ Make: _____

Model: _____ Mileage: _____

Purchase price: \$ _____

SELLER INFORMATION:

Seller name(s): _____

Seller address: _____

Seller phone number: (_____) _____ - _____

FINANCING INFORMATION:

Name of financing institution: _____

Phone number of institution: (_____) _____ - _____

Account number: _____

Payoff Address: _____

City _____ State _____ Zip _____

POWER OF ATTORNEY FOR TRANSFER OF VEHICLE

I authorize the person or firm named below to act as my representative and to sign my name to any forms necessary concerning the titling and/or registration of the vehicle described below.

Name of person or firm appointed as attorney: **Maps Credit Union**

Description of Vehicle:

Year: _____ Make: _____ VIN: _____

Name of Owner: (as printed on title/registration)

Signature of Owner:

X _____ Date: ____ / ____ / ____

Name of Joint Owner: (as printed on title/registration)

Signature of Joint Owner:

X _____ Date: ____ / ____ / ____

THIS POWER OR ATTORNEY MAY NOT BE TRANSFERRED TO ANY OTHER PERSON OR FIRM

AUTHORIZATION FOR PAYOFF

Date: ____ / ____ / ____

To: _____
(Financial Institution Name)

I/We do hereby authorize Maps Credit Union to make payoff on my/our vehicle.

Name(s) on account: _____

Account number: _____ Balance due and payable: \$ _____

Vehicle Description:

Year: _____ Make: _____ VIN: _____

Mail the properly endorsed certificate of title to: Maps Credit Union
ATTN: Title Processing
PO Box 12398, Salem OR 97309

Signed: X _____

X _____

ASSIGNMENT OF LIEN: You are hereby authorized to deliver to bearer ownership certificate, insurance policy, original contract, and any other document, credit or refund held in connection with this account. By endorsing, negotiating, or taking proceeds of the attached check, payee agrees to release its lien in the described collateral and to forward the title certificate within 5 days from the receipt of the check to the address above. Payee assigns payee's security interest to Maps Credit Union until the title certificate change has been processed by DMV.

Maps LOAN OFFICER: retain copy of signed form for loan file