

"B"

SR#: _____

Date: _____
Office Only

Reinstatement Courier Form

Name: _____ SS#: _____ -- --

DOB: ____ / ____ / ____ FL DL# _____

Contact Ph. #: _____ Name (if different): _____

EMAIL OR FAX: _____

WHERE WE CAN SEND YOU A COPY OF YOUR FL REINSTATEMENT DOCS, RECORD, ETC.

Please include all Requirements for Reinstatement.

Customer must obtain information by calling DMV to inquire about Reinstatement Fee and all Documents that may be required by the DMV, in order to process.

FL DL Reinstatement - Fee- \$ _____

List all the documents required to below:



Date _____

SR# _____

Credit Card Authorization Form

I _____ (Print Name), hereby authorize Backtrack Research, LLC, to charge my credit card for the amount(s) owed or discussed with Backtrack Research representatives. I certify that my credit card may be used to cover any and all amounts owed to Backtrack Research. I further certify that by my signature below, I accept personal liability for any amounts owed to Backtrack Research. I understand that it is my responsibility to review my monthly charges upon receipt and promptly notify Backtrack Research, in writing, of any erroneous or unauthorized payments. As the credit card holder, I authorize Backtrack Research to charge my credit card for all amounts owed.

If customer is not the credit card holder, please enter customer name: _____

Customer Name

Credit Card Holder Signature

Date

Fla. DHSMV Fee \$ _____

Courier Fee + \$ _____

Delivery Fee (if applicable) + \$ _____

Total Amount Charged = \$ _____

Delivery charges vary based on option chosen & will be added on to your total accordingly.

Credit Card & Billing Information

Credit Card Holders Name

Contact Phone Number

Billing Street Address

City

State

Zip

Credit Card Acct #

Expiration Date

CVC Code:

3 digit- Visa, MC, Disc (Back)
4 digit- Ameri Exp (Front)

____ Visa ____ MasterCard ____ American Express ____ Discover

Please return this form via fax 1-800-814-7714 or email to Richard@Backtrackresearch.com

Backtrack Research keeps all information entered on this form strictly confidential.