Clear Form

Heritage Acceptance Corporation*
118 South 2nd Street
Elkhart, IN 46516
Telephone: (574) 522-9598
Fax: (574) 327-6770

MANDATORY UPDATE FORM

You must fill this form out completely accurately and return it to Heritage within ten (10) business days. It is important for the proper servicing of your account, that you provide Heritage with current, accurate information, as you agreed when you signed your contract.

Full Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Cellular Number: _____

Landlord Name and Telephone Number:_____

E-Mail:_____

Employer: _____

Address: _____

City/State/Zip:_____

Telephone Number: _____ Extension: _____

Immediate Supervisor: _____ Department: _____

Shift: _____ Floor: _____ Unit: _____

Direct Line Telephone Number: _____

Insurance Company: _____

Agent Name and Telephone Number: _____

Policy Number: _____

Primary Driver's Full Name:_____

Please list two references:

Name: _____ Telephone Number: _____

Name: _____ Telephone Number: _____

****JUST A REMINDER****

_____ You are $ _____ past due on your payment. Please call immediately!
_____ Your next payment of $ _____ is due no later than _____.

Account Representative: 1-574-522-9598 Ext. _____

*DBA Landmark Acceptance Corporation in Ohio Updated 11/25/19

CONVENIENCE FEE DISCLOSURE

State Form 56075 (R2 / 5-24)
INDIANA BUREAU OF MOTOR VEHICLES

Contractor and dealers may charge a convenience fee for each transaction it performs related to a title issued under IC 9-17 or a registration issued under IC 9-18 (before its repeal) or IC 9-18.1.

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *An original or electronic signature is required. Purchaser cannot assign power of attorney (POA) signatory rights for this form.*
3. *A Company may submit one form and attach a separate sheet which lists all vehicles and watercraft being sent to the partial service provider (PSP) for processing.*

SECTION 1 – APPLICANT INFORMATION

Name of Applicant *(first, middle, last or company name)*			
Mailing Address *(number and street)*	City	State	ZIP Code

SECTION 2 – VEHICLE/WATERCRAFT INFORMATION

Vehicle Identification Number (VIN) / Hull Identification Number (HIN)	Vehicle/Watercraft Year	Vehicle/Watercraft Make

SECTION 3 – FEE INFORMATION

Fee Type	Convenience Fee Amount
☒ **Title** ☐ **Registration**	

SECTION 4 – APPLICANT AFFIRMATION

I swear or affirm under the penalties for perjury that the information entered in Section 1 and Section 2 on this form is true and correct. I am aware of the convenience fee being charged by PSP and that the location of the nearest Bureau of Motor Vehicles (BMV) branch to this PSP has been provided to me.

By signing this form, I have been made aware of and understand: *(Read and check each box.)*

- ☐ This convenience fee is not charged at a BMV branch.
- ☐ This convenience fee is in addition to the applicable BMV fee for this transaction.
- ☐ The nearest BMV branch location is _____miles away from this PSP location.
- ☐ The convenience fee is an optional service and is not required in order to obtain credit to purchase the vehicle identified above.

Name and Address of Nearest BMV License Branch	Hours of Operation
_____ _____ _____ _____ _____	**Monday:** _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____ **Saturday:** _____

Signature of Applicant	Printed Name and Position *(e.g. agent or representative if applicant is a company)*	Date *(mm/dd/yyyy)*

PSP

This form must be imaged with all title paperwork, and a copy must be retained by the PSP in their end of day files for audit.

BMV USE ONLY

Applicant's CUID	Dealer Name and License Number

LIMITED POWER OF ATTORNEY
VEHICLE AND WATERCRAFT TRANSACTIONS

State Form 1940 (R7 / 11-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17 and IC 30-5.

INSTRUCTIONS:
1. *Complete in blue or black ink. If more than one customer's signature is required, each customer must complete their own Limited Power of Attorney section below.*
2. *Individuals must enter their residential address; companies must enter their principal place of business.*
3. *The Limited Power of Attorney form must be notarized to be valid.*
4. *The Notary Certificate may be notarized on the front of this form or by attaching a separate notary certificate.*

SECTION ONE: CUSTOMER AND VEHICLE INFORMATION

Customer Name *(first, middle initial, last, or company name)*	Telephone Number

Address *(number and street)*

City	State	ZIP Code

Vehicle or Hull Identification Number

Make of Vehicle / Watercraft	Year	Title Number *(if known)*

SECTION TWO: ATTORNEY-IN-FACT INFORMATION

Attorney-in-Fact Name *(first, middle initial, last)*	Telephone Number
Heritage Acceptance Corporation	574 522-9598

Address *(number and street)*
118 S. 2nd St.

City	State	ZIP Code
Elkhart	IN	46516

SECTION THREE: AFFIRMATION

I hereby authorize the attorney-in-fact to complete transactions involving the certificate of title and/or registration for the vehicle or watercraft listed above.

SECTION FOUR: AUTHORIZING SIGNATURE

Signature of Customer Requiring Representative	Printed Name	Date *(mm/dd/yyyy)*

SECTION FIVE: NOTARY CERTIFICATE

STATE OF:

SS: (SEAL)

COUNTY OF:

Sworn to before me, a Notary Public, in and for said County, this _____ day of _____, 20_____.

Signature of Notary Public	Printed Name of Notary Public	Date Commission Expires *(mm/dd/yyyy)*