



EVR Program Inventory Order Form

Today's Date: _____

CVR-CMF #

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Dealer Track-UPS #

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DBA Name: _____ Service Provider Name: _____
(MUST BE COMPLETED)

CORPORATION NAME: _____ SHIPPING ADDRESS: _____
(NO PO BOX - STREET ADDRESS OF CORPORATION)

CITY/TOWN: _____ ZIP: _____ CONTACT PERSON: _____ TEL#: _____

PLATES

SUPPLIES

# OF BOXES REQUESTED	PLATE TYPE	FOR RMV USE ONLY	AMOUNT REQUESTED	PLATE TYPE/ SUPPLIES	FOR RMV USE ONLY
	PAN			PAS / EV	
	PAS / BR			RMV-1 FORMS	
	PAS / CI			DECALS / 17	
	PAS / NE			DECALS / 18	
	PAS / RS			DECALS / 19	
	PAS/ RW				
	PAS/ TC				
	PAS/ US				
	CON				
	MCN				
	TRN				

PLEASE FAX THIS FORM DIRECTLY TO THE RMV DISTRIBUTION CENTER AT: 978-287-4123

All requests for RMV Supplies must be made 7 business days in advance. UPS orders will be shipped in 1-3 business days. If you have any questions regarding your order, please call 978-287-4124.

TO AVOID RECEIVING DUPLICATE ORDERS, DO NOT REFAX THIS FORM!

HOW TO ORDER SUPPLIES

Complete the front of this form. If you are with CVR, fill in your CVR-CMF number; if you are with Dealer Track, fill in your Dealer Track-UPS number. No supplies can be sent unless one of these numbers is provided.

If you do not know your customer account number, please contact your service provider.

Fax the form to the RMV Distribution Center at 978-287-4123.