



NORTH CAROLINA APPLICATION
FOR ENROLLMENT / CHANGE IN ELECTRONIC LIEN AND TITLE SYSTEM

Lender Information

Please enter lienholder specific information here.

Please Note: If you are a customer with multiple lienholder names, a separate form should be completed for each.

Name of Business:

FEIN:

Physical Address:

Mailing Address:

City:

State:

Zip:

Lienholder Authorized Representative

Full Name:

Title:

Email:

Telephone:

Fax Number:

Date:

Lender Administrator

Indicate below an individual who will act as the lender administrator. This person is responsible for adding additional users, deleting existing users and controlling the access rights of the lender's users.

Full Name:

Email:

Telephone:

We _____ have chosen Dealer Support Services from the approved service provider list to be our official service provider for the North Carolina Electronic Lien and Title program and furthermore grant them permission to enroll us as their client.

Signature: _____

Date: _____

Return completed form to:

Dealer Support Services

5448 Apex Parkway • Apex • NC • 24502

Phone # (919)267-3183/800-848-8751 • Fax # 863-937-9739 • Email: support@dssal.com www.ncdmvelt.com