

Used Motor Vehicle Commission
State of Louisiana
Office of the Governor

JOHN BEL EDWARDS
Governor



DEREK L. PARNELL
Executive Director

ONLINE CREDIT/DEBIT CARD TRANSFER FORM

I, _____ (name), hereby certify that the payment listed below was made using my credit/debit card ending in _____ (last four digits). I am hereby requesting that this payment be transferred from my previous license # _____ for the dealership _____ (name), to my new license for the dealership _____ (name).

I understand that I will be solely liable regarding the transfer of these funds.

Payment:

Merchant: LA Used Motor Vehicle Commission

Payment Date: _____

Card Billing Information:

Name: _____

Address: _____

Payment Amount: _____

Card Type: _____

Card Account: (last four digits) _____

Cardholder's Signature

Print Cardholder's Name

Date of Signature