

Product Description	Unit Qty	Member Price	Non-Member Price	Units Order	Total(\$)	Product Description	Unit Qty	Member Price	Non-Member Price	Units Order	Total(\$)	
MVR-1 - NC Title Application (01/2017)	200	\$25.00	\$32.00			Odometer Disclosure Statement	250	\$30.00	\$33.75			
	500	\$49.00	\$61.00				500	\$50.00	\$55.75			
	1000	\$85.00	\$95.00				1000	\$80.00	\$90.00			
MVR-2 - NC Dealers Reassignment of Title (09/08)	250	\$48.00	\$57.00			Used Car Buyers Guide: English	250	\$25.00	\$31.00			
	500	\$86.00	\$102.00				500	\$41.00	\$47.50			
MVR-4 - Duplicate Title Application (07/2018)	250	\$45.00	\$53.00				1000	\$72.00	\$80.75			
	500	\$90.00	\$106.00			Damage Disclosure Statement	100	\$15.00	\$19.00			
MVR-63A - Secure Power of Attorney (Rev. 07/08) (Pink Form)	100	\$25.00	\$31.50				200	\$24.00	\$29.00			
	500	\$110.00	\$120.00				500	\$52.25	\$59.00			
	1000	\$190.00	\$200.00			Supplemental Flood Damage Disclosure Statement	100	\$15.00	\$19.00			
MVR-63 - NC Power of Attorney (Short Form - White) or (Long Form - White) Please circle one of the above	200	\$10.00	\$11.50				200	\$24.00	\$29.00			
	500	\$20.00	\$22.50				500	\$52.25	\$59.00			
	1000	\$37.50	\$41.25			License Plate Envelopes	100	\$55.00	\$63.00			
Tax & Tag Together - Sample Customer Update	200	\$30.00	N/A				Dealer Shop and Other Service Related Fee Sign	1	\$25.00	N/A		
	500	\$75.00	N/A				Finance Yield Sign	1	\$25.00	N/A		
	1000	\$120.00	N/A			Admin Fee Sign	1	\$25.00	N/A			
MVR-614 - Affidavit of Military/Dependent or Principally Garaged Vehicle (01/2016)	200	\$25.00	\$30.00			NC Motor Vehicle Repair Act Disclosure Sign	1	\$25.00	N/A			
	500	\$45.00	\$52.00			Full Set of Dealership Disclosure Sign (all 4 signs)	1	\$90.00	N/A			
	1000	\$80.00	\$90.50									

Attn: (First) _____ (Last) _____ Phone: _____ PO #: _____
 Dealership: _____ Dealer #: _____ Date: _____
 Street Address: _____ Email: _____
 City: _____ Zip Code: _____ *County: _____

(Important: All orders require dealership's county to be listed.)

Make Checks Payable to:
NCADA Services, Inc.
P.O. Box 12167
Raleigh, NC 27605-2167

To order by credit card, please complete:

Mastercard VISA AMEX Expiration Date: _____
 _____ Account Number _____ 3 or 4-Digit Code _____

Name: _____

Bill Address: _____ Street _____ City _____ Zip _____

Order	\$ _____
Handling	\$ _____
Shipping	\$ _____
Subtotal	\$ _____
Applicable Tax	\$ _____
Total	\$ _____



Questions? Please call NCADA at 919-828-4421

**\$3.00 Additional Handling Fee for Non-Members