TD Auto Finance

Reinstatement Fax Cover Sheet

Name(s): _____ **Account #**_____

Phone Number: _____ **Fax Number: 904-565-7826 / Total Number of Pages (including cover page):** _____

☐ **Section 1 - COMPLETED COVER PAGE**

In addition to the payments, late charges, fees and repossession expenses payable to TD Auto Finance and the repossession vendor, you may be required to provide the various documents listed below. If so, please fax such documents, along with this completed cover page to 904-565-7826. Please allow 24 hours for the review and verification process. An agent will contact you once this process is complete at the phone number listed above to discuss the next steps.

☐ **Section 2 - PROOF OF INSURANCE**

Retail Accounts

- Proof of insurance document indicating current coverage dates
- TD Auto Finance listed as the lien holder and loss payee
- Buyer and co-buyer, if any, are listed as authorized driver(s)
- Collision and comprehensive deductibles consistent with the terms of your financing contract

Lease Accounts

- Proof of insurance document indicating current coverage dates
- DCFS Trust listed as the lien holder and loss payee
- Lessee and co-Lessee, if any, are listed as authorized driver(s)
- Minimum Liability Insurance for bodily injury is $100,000 per person, $300,000 per occurrence and $50,000 property damage per occurrence
- Deductibles for comprehensive coverage not to exceed $500
- Deductibles for collision coverage not to exceed $750

☐ **Section 3 - PROOF OF EMPLOYMENT***

One of the following documents is acceptable:

- Copy of most recent paycheck
- Employment verification letter
- Employment address
- Tax ID number (if you are self employed)
- Business license number (if you are self employed)

*If employment information is required, it is required for each signor on the contract

☐ **Section 4 – PERSONAL REFERENCES**

Three (3) verifiable references may be required for each signor on the contract. The references must not live with you or with each other and must be able to verify that they know you.

BUYER OR LESSEE REFERENCES

1. Name of Reference Not In Household
_____
Address (Street # / Name, City, State & Zip Code)
_____
_____
Phone_____
Relationship_____

2. Name of Reference Not In Household
_____
Address (Street # / Name, City, State & Zip Code)
_____
_____
Phone_____
Relationship_____

3. Name of Reference Not In Household
_____
Address (Street # / Name, City, State & Zip Code)
_____
_____
Phone_____
Relationship_____

CO-BUYER OR CO-LESSEE REFERENCES

1. Name of Reference Not In Household
_____
Address (Street # / Name, City, State & Zip Code)
_____
_____
Phone_____
Relationship_____

2. Name of Reference Not In Household
_____
Address (Street # / Name, City, State & Zip Code)
_____
_____
Phone_____
Relationship_____

3. Name of Reference Not In Household
_____
Address (Street # / Name, City, State & Zip Code)
_____
_____
Phone_____
Relationship_____