



South Carolina Department of Motor Vehicles

New Business Customer Application

EVR-2
Rev. 6/05

For DMV Data Quality to fill in:

- DMV Customer Number associated with the below information _____
- The information below has been data-captured: Yes _____ No _____ Specialist Initials _____

EVR Dealership Name: _____ **Fax Number:** _____
E-Mail Address: _____ **Telephone Number:** _____

Customer Number (can be found on vehicle registration card or title): _____

Full Business Name: _____

FEIN: _____

____ DBA (check if applicable)

Name of Individual Owners: _____

SC Credential (DL, BP, ID) Number: _____

Name of Individual Owners: _____

SC Credential (DL, BP, ID) Number: _____

CUSTOMER ADDRESS INFORMATION

Physical Address (address where you reside or the address where the company is located. Cannot be P.O. Box) **MANDATORY**

Street: _____

City: _____ State: _____ Zip Code: _____

County Code: _____ Country: _____

Special Mailing Address (If a customer's mailing address is different from their residence address)

Street: _____

City: _____ State: _____ Zip Code: _____

County Code: _____ Country: _____

Temporary Address (if applicable, address you will receive your mail on a temporary basis)

Street: _____

City: _____ State: _____ Zip Code: _____

County Code: _____ Country: _____

Expiration Date: _____

By completing this document I hereby certify that all information contained herein to be true and correct and these changes are being made without fraudulent purpose or intent.

Please visit us on the web at scdmvonline.com