
Account Number

Vehicle Year

Vehicle Make

Vehicle Model

Vehicle Identification Number

INFORMATIONAL PURPOSES ONLY - NOT A BILL OF SALE

PAYOFF AMOUNT:

GOOD UNTIL:

Please note: Sales Tax may or may not be included in the Payoff Amount based on tax requirements by state. If you live in a state that assesses personal property tax on your leased vehicle, your payoff may increase should the property tax become due to the state.

Please send the items indicated below to us at P.O. Box 991817, Mobile, AL 36691-8817. Upon receipt of these items, we will process the payoff and forward the paid in full documents to you.

- Payoff funds must be payable to WOFC QI Exchange LLC
- Completed Security Deposit Authorization (if applicable)
- Completed Titling Information
- Completed Odometer Statement (required)

We accept personal, certified and cashier's checks. A certified or cashier's check will allow for faster processing time in the release of the title. If sending the payoff overnight, the address is 6150 Omni Park Drive, Mobile, AL 36609.

If you have any questions, please contact us at 800-686-3494.

Thank you,

Customer Service Department

*****NOTICE*****

World Omni Financial Corp. d/b/a Southeast Toyota Finance, individually and as servicer, and VT Inc., as Trustee of World Omni LT each has assigned all of its rights (but not its obligations) with respect to the sale of this vehicle to WOFC QI Exchange LLC, acting as qualified intermediary.

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SECURITY DEPOSIT AUTHORIZATION

This is to authorize World Omni Financial Corp. d/b/a Southeast Toyota Finance to apply the security deposit of from the above referenced account, along with my remittance, to pay off this account.

Customer Signature

Date

REQUIRED TITLING INFORMATION

Please provide the following information for titling purposes.

If you wish to title this vehicle in any name other than the lessee, this automated form cannot be used. Please call us at 800-686-3494.

The name and address in which the vehicle will be **TITLED**:

Name

Address 1

Address 2

City

County

State

Zip

The name and address where the title is to be **MAILED**:

Name

Address 1

Address 2

City

County

State

Zip

PLEASE RETURN THIS DOCUMENT AND THE ODOMETER STATEMENT WITH THE PAYOFF REMITTANCE.

ODOMETER DISCLOSURE STATEMENT

Federal law (and state law, if applicable) requires that the lessee disclose the mileage to the lessor in connection with the transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment. Complete disclosure form below and return to lessor.

I, _____, (PRINT name of person making disclosure) state that the odometer on the motor vehicle stated below now reads _____ (no tenths), miles and, to the best of my knowledge, the odometer reflects the actual mileage of that vehicle, unless one of the following statements is checked:

YOU DO NOT HAVE TO CHECK BOXES (1) AND (2) BELOW UNLESS THE MILEAGE EXCEEDS THE CAPACITY OR THE READING IS NOT THE ACTUAL MILEAGE.

1. IN EXCESS OF ITS MECHANICAL LIMITS. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage IN EXCESS OF ITS MECHANICAL LIMITS.
2. NOT THE ACTUAL MILEAGE. I hereby certify that the odometer reading is NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY.

Return of Vehicle: Please mail this completed statement to the Lessor Address noted below once your vehicle has been returned.

Repairs: If you have made repairs to the vehicle, please include all legible repair receipts (VIN or Account # included) to insure that you receive the proper credit.

Vehicle Year _____ Vehicle Make _____ Vehicle Model _____

Vehicle Identification Number _____

Lessee Name _____

Lessee Address 1 _____ Lessee Address 2 _____

Lessee City _____ Lessee State _____ Lessee Zip _____

Lessee Signature _____ Date of Statement _____

VT Inc., as Trustee of World Omni LT _____

Lessor Name _____ Lessor Phone Number _____

Lessor Address 1 _____ Lessor Address 2 _____

Lessor City _____ Lessor State _____ Lessor Zip _____

VEHICLE RETURN INFORMATION	_____	_____
	Name of Authorized Return Location	Authorized Return Location Address
_____	_____	_____
Print Name or Person at Authorized Location	Date of Return	

FOR INTERNAL USE ONLY	_____	_____
	Lease Number	Date Disclosure Form Sent To Lessee
_____	_____	Prepared by 
Date Completed Form Received By Lessor		