



South Carolina Department of Motor Vehicles

ELT Lienholder Application

ELT-1
(Rev. 2/08)

FOR DMV USE ONLY

Acct. No. _____ Lienholder Customer Number _____

1. LIENHOLDER INFORMATION

Date submitted to the DMV (MM-DD-YY) _____ - _____ - _____

Target Program Start Date _____ - _____ - _____

Lienholder Name _____

President/CEO _____

Contact Name _____ Contact's Title _____

E-Mail Address _____

Fax # () - _____ Telephone # () - _____

Legal Business Name _____

FEIN _____

Approximate number of liens established per week _____

2. PHYSICAL ADDRESS

Street _____ Suite # _____

City _____ State _____ Zip _____

Country _____

3. SPECIAL MAILING ADDRESS

(If the business mailing address is different from the physical address)

Street _____ Suite # _____

City _____ State _____ Zip _____

Country _____

4. ELT SERVICE PROVIDER INFORMATION

(If your organization uses an ELT Service Provider)

Name of Provider _____ Dealer Support Services Inc

Street _____ 620 Coleman Road _____ Suite # _____

City _____ Vine Grove _____ State _____ KY _____ Zip _____ 40175

Country _____

5. PROVIDE A LIST OF ADDITIONAL LIENHOLDER NAMES

(Other than the legal name) **USED ON TITLES**

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

6. PROVIDE THE SC DMV CUSTOMER NUMBER TO BE USED AS THE ELT LIENHOLDER, IF DESIRED. OTHERWISE, DMV WILL ASSIGN THE ELT CUSTOMER NUMBER.

ELT Customer Number _____