



## **Instructions for North Carolina ELT Application**

Wayne Reaves Software has partnered with Auto Data Direct to provide access for the new mandated North Carolina ELT system!

There is no cost to obtain your ELT number, simply:

- 1. Fill out and sign the attached North Carolina ELT application. You may choose your desired start date.
- 2. When completed, fax it to Wayne Reaves Software at 888-297-4234
- 3. Your North Carolina ELT number will be emailed to you.

In order to access your liens when your desired start date approaches, an Auto Data Direct representative will contact you to set up your account.

The account set up fee has been waived for Wayne Reaves customers. Be sure to use promo code **REAVESELT** when signing up.

## APPLICATION FOR ELT SERVICE IN NORTH CAROLINA THROUGH AUTO DATA DIRECT, INC.

Action Requested	O Initial Enrollment in NC ELT program through ADD123		
	Change of F	Financial Institution Address and/or FEIN	
	Change of F	Financial Institution Name	
Preferred Start Date (mm/dd/yyyy)			
LIENHOLDER (LH) INFORMATION  You will be assigned a NC ID number and will be required to use it on all NC ELT actions. For changes to the financial institution's name, FEID, or address, please include any previously assigned number(s).			
Currently existing NC	ELT Number, if applicable		
Federal Employer Numbe	Identification er (FEID/FEIN)		
Name of Lienholder - Finance as it appears on lien			
Тур	e of Business		
Please include at least one of the following: Federal/State charter, dealer's license, other professional license, and/or your IRS FEID confirmation letter.			
Ma	ailing Address		
C	City, State, Zip		
Phy	sical Address		
C	City, State, Zip		

## STATEMENT OF THIRD PARTY CHOICE OF ADD

By completing this application form, we, the undersigned, are choosing Auto Data Direct, Inc. located at 1379 Cross Creek Circle, Tallahassee, FL 32301, Toll-free support: (866) 923-3123, Fax: (850) 877-5910, to be our ELT vendor in the state of North Carolina.

LIENHOLDER CONTACT INFORMATION	
Primary Authorized Contact Person Name	
Email Address	
Phone	
Fax	
Other Authorized Contact Person Name	
Email Address	
Phone	
Fax	
Please attach another page if you need to ad Authorized Contact Person information.	d additional
Signature of Lienholder Authorized Contact/Officer	
D :	
Print Name	
Print Title	
Print Lienholder Institution Name	
Date	

Date:
Lender Name:
FEID#:
Address:
City, State, Zip:
To Whom It May Concern,
We have chosen Auto Data Direct, Inc. from the approved Service Provider list, to be our official Service Provider for the North Carolina Electronic Lien and Title, ELT, program and furthermore grant them permission to enroll us as their client.
Thank you,
Name:
Company:
Position:
Phone:
Signature