ST-8 Order Form

To order additional ST-8 booklets, complete this form and mail/fax.
Complete this form in full (incompleted forms will be returned)

Dealer Licensing Bureau
PO Box 2369
Topeka, KS 66626-2369

Date_____

For information only: Phone: 785-296-3621, select option 4 and then press 1.
Fax # 785-296-5854

Sales Tax Account # 004 - _____ **- F** _____
(9 digit #) (2 digit#)

D#_____

Dealer Name:_____

Street Address:_____

City_____**, KS Zip Code**_____

 # Of Books Requested_____ **Owners Hand Printed Name**_____

Beginning # _____

Ending # _____

Issued By (Initial)_____

Office Use Only

_____

(Owners Signature)

ST-8www Rev (3-2007)