CRESCENT DECAL/PROX CARD/ZIP TAG FORM

Date:		
Owners Name:		
Renters Name:		
Crescent Address:		
Phone Number:	Email Add	ress:
This vehicle is a (please select one):		
☐ Windshield Replacement – A v	ehicle that has bee	en previously registered with The Crescent
		le that was previously registered with The Crescent
* For Windshield Ro	eplacements and Tro	peen registered through The Crescent and e-In Vehicles please fill out both the hicle information boxes.
Old Vehicle #1		New Vehicle #1
Make:		Make:
Model:		Model:
Year:		Year:
Color:		Color:
Plate/State Reg:		Plate/State Reg:
Old Decal:		Decal:
Old Zip Tag:		Zip Tag:
Old Vehicle #2		New Vehicle #2
Make:		Make:
Model:		Model:
Year:		Year:
Color:		Color:
Plate/State Reg:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Plate/State Reg:
Old Decal:		Decal:
Old Zip Tag:	_	Zip Tag:
Prox Card #1: Prox Card #2:		

Atlantic States Managements use ONLY:
Payment Method – Check #:_____ Cash: _____