

OHIO-ODOMETER DISCLOSURE AND TITLE RELEASE INSTRUCTIONS

- 1) Complete all highlighted fields in the "Ohio-Odometer Disclosure Statement" form, up to the "Lessor Information" section which will be completed by Honda Financial Services.
 - If applicable, list both Lessee and Co-Lessee on the form and have signatures provided for both.
 - Select a checkbox (Selecting 2 or 3 will invalidate the odometer form.)

NOTE: This form is **ONLY** for the state of Ohio. [Click here](#) for the regular Odometer form.

I/WE, _____ and _____ (If applicable)				
STATE THAT THE ODOMETER NOW READS _____ (NO TENTHS) MILES AND I/WE HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE: (check one)				
<input type="checkbox"/> (1) THE ODOMETER READING REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED BELOW.				
<input type="checkbox"/> (2) THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.				
<input type="checkbox"/> (3) THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY.				
YEAR	MAKE	MODEL	BODY	VEHICLE IDENTIFICATION NO.
_____	_____	_____	_____	_____
LESSEE INFORMATION				
Lessee's Name: _____				
Co-Lessee's Name: (If applicable) _____				
Address: _____				
City, State, ZIP: _____				
Account Number: _____				
Lessee's Signature _____				Date of Statement _____
Co-Lessee's Signature _____				Date of Statement _____
LESSOR INFORMATION				

- 2) Complete all highlighted fields in the "Title Release Information" section.
 - This form must be mailed and cannot be emailed/faxed.
 - OH POA form is also required for title release.
 - For additional help, [Contact us](#).

Mail the payoff check to:	Mail the forms to:
Honda Finance Exchange Inc. P.O. Box 70252 Philadelphia, PA 19176	American Honda Finance Corp, Attn: Title Processing, 9750 Goethe Rd., Sacramento, CA 95827

TITLE RELEASE INFORMATION	
Customer Name:	_____
Co-Lessee Name:	(If applicable) _____
Account Number:	_____
Year, Make, and Model:	_____
VIN:	_____
Please complete this form to indicate where the Certificate of Title should be sent. If the title should be sent directly to your Financial Institution, please enter their information in the fields provided.	
Mailing Address for Certificate of Title:	
Financial Institution (if applicable):	_____
Name (if applicable):	_____
Street Address:	_____
City, State, and Zip Code:	_____

HONDAFinancial
Services**OHIO – 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 THE DISCLOSURE FORM BELOW AND RETURN TO LESSOR.

I/WE, _____ and _____,
STATE THAT THE ODOMETER NOW READS _____ (NO TENTHS) MILES AND I/WE
HEREBY CERTIFY THAT TO THE BEST OF MY/OUR KNOWLEDGE: (check one)

- ☐ (1) THE ODOMETER READING REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED BELOW.
- ☐ (2) THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS.
- ☐ (3) THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY.

YEAR	MAKE	MODEL	BODY	VEHICLE IDENTIFICATION NO.
LESSEE INFORMATION				
Lessee's Name:				
Co-Lessee's Name:				
Address:				
City, State, ZIP:				
Account Number:				
Lessee's Signature				Date of Statement
Co-Lessee's Signature				Date of Statement
LESSOR INFORMATION				
Honda Lease Trust or HVT, Inc. or HVT, Inc., Trustee for Honda Lease Trust 1919 Torrance Blvd. Torrance, CA 90501				
Date Form Sent to Lessee			Date Completed Form Received from Lessee	
Lessor's Signature				
Honda Lease Trust or HVT, Inc. or HVT, Inc., Trustee for Honda Lease Trust				

Honda Financial Services is a DBA of American Honda Finance Corporation



TITLE RELEASE INFORMATION

Customer Name: _____

Co-Lessee Name: _____

Account Number: _____

Year, Make, and Model: _____

VIN: _____

Please complete this form to indicate where the Certificate of Title should be sent. If the title should be sent directly to your Financial Institution, please enter their information in the fields provided.

Mailing Address for Certificate of Title:

Financial Institution (if applicable): _____

Name (if applicable): _____

Street Address: _____

City, State, and Zip Code: _____