

Attachment 15

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION**

DUANE M. OVERHOLT,)
Plaintiff,)
v.) Case No. 99-2416-Civ-T-23F
SONIC AUTOMOTIVE - 21699)
U.S. HWY. 19 N., INC.,)
d/b/a Clearwater Mitsubishi,)
Defendant.)

AFFIDAVIT OF RENE BRASHOLT

STATE OF FLORIDA)
ss:
COUNTY OF PINELLAS)

BEFORE ME, the undersigned Notary Public, personally appeared Rene Brasholt, who deposes and says:

1. I am Rene Brasholt, an adult individual residing in Pinellas County, Florida.
2. On December 23, 1998, my wife and I purchased a used 1994 Chevrolet Camaro from Clearwater Mitsubishi. At the time of the sale, I signed a warranty application form with Easy Care, at no. EF866309, for coverage for 48 months or 50,000 miles. (Copy attached hereto as Exhibit "A".)
3. On June 29, 1999, I sought my first repairs to the Camaro at Maher Chevrolet, 2901 34th St. N., St. Petersburg, Florida. When the repair was reported to the warranty company, service manager Mike Olski told me that my car actually

Affidavit of Rene Brasholt

Page Two

had a 36-month/35,000-mile warranty.

4. A true and correct copy of the Maher Chevrolet invoice from my first repair of the Camaro, dated June 29, 1999, is attached hereto as Exhibit "B".

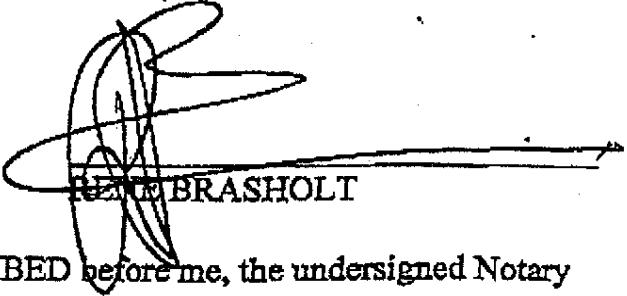
5. After my initial visit to Maher Chevrolet in June 1999, I reported the warranty problem to the warranty company. Later, I received a telephone call from David Mulder of Clearwater Mitsubishi, who asked me to come to the dealership to verify my signature on the warranty contract.

6. In September 1999, I visited Clearwater Mitsubishi. There, I was shown a warranty application form that contained a forgery of my signature. I do not know who forged my signature, nor when the forgery occurred between December 23, 1998, and September 1999.

7. David Mulder told me that the matter involved "fraud", and so I included that term in my letter to him of October 22, 1999. (A copy is attached hereto as Exhibit "C".)

8. I did not have any communication to or from Clearwater Mitsubishi about the warranty problem until late June 1999, at the earliest.

Further affiant sayeth not.



RENE BRASHOLT

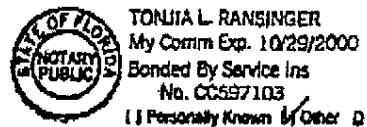
SWORN TO AND SUBSCRIBED before me, the undersigned Notary

Affidavit of Rene Brasholt

Page Three

Public, by Rene Brasholt, who provided a Florida Dvr. license
as identification on this 5 day of October, 2000.

Tonita L. Ransinger
Notary Public
My commission expires:



Attachment 16

Installment Sale Contract — Motor Vehicle

Date of Birth

Seller hereby sells, and the Buyer (meaning all undersigned Buyers, jointly and severally) hereby purchases, subject to the terms set forth below and upon the reverse side of this following property (which, together with any and all replacements thereof and additions thereto, is herein called the "property"), delivery and acceptance of which in good order by acknowledged by Buyer, viz:

Year or Model	No. Cyl.	Make Trade Name	Body Type If Truck, Give GVW	Model Number or Series	Manufacturer's Serial No.	Motor No.
ED						

ED
Equipped with
Items Checked
Radio Vinyl Roof Automatic Trans. Speed Trans. Power Steering Power Brakes Power Windows Power Seats High Performance Engine - Cu. In Disp. H.P.
Other Air Conditioning

ANNUAL PERCENTAGE RATE	FINANCE CHARGE The dollar amount the credit will cost you.	Amount Financed The amount of credit provided to you or on your behalf.	Total of Payments The amount you will have paid after you have made all payments as scheduled.	Total Sale Price The total cost of your pur- chase on credit, including your downpayment of
14.50 The cost of your credit as a yearly rate. % 14.50	\$ 6200.15	\$ 13887.88	\$ 19796.04	\$ 500.00 \$ 20296.04

Number of Payments	Amount of Payments	When Payments Are Due
56	\$ 299.94	Monthly Beginning

Insurance: Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Signature
Credit Life		I want credit life insurance. <input type="checkbox"/> Signature
Credit Disability	N/A	I want credit disability insurance. <input type="checkbox"/> Signature
Credit Life and Disability	N/A	I want credit life and disability insurance. <input type="checkbox"/> Signature

You may obtain property insurance from anyone you want that is acceptable to the Seller. If you get the insurance from the Seller you will pay N/A for a term of one year.

Security: You are giving a security interest in the goods or property being purchased.

Late Charge: If a payment is received more than ten (10) days after the due date, you will be charged five (5%) percent of the payment.

Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

EMISSION OF AMOUNT FINANCED			
Cash Price (including any accessories, services, and taxes imposed on the cash sale)			\$ 12620.79
Total Downpayment = Net Trade-In \$ <input type="checkbox"/> N/A + Cash Downpayment \$ <input type="checkbox"/> 500.00			\$ 500.00
Your Trade-in is a	Year	Make	Model

Unpaid Balance of Cash Price (1 minus 2) \$ 12120.79

Other Charges including Amounts Paid to Others on Your Behalf:

1. Cost of Physical Damage Insurance Paid to Insurance Company Covering Damage to the Vehicle (Liability insurance coverage for bodily injury and property damage to others is not included.)	\$ <input type="checkbox"/> N/A
2. Cost of Optional Credit Insurance for the Term of this Contract Paid to Insurance Company Life, S. <input type="checkbox"/> N/A Disability, Accident and Health <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A
3. Official Fees Paid to Government Agencies	\$ <input type="checkbox"/> 1.50
4. Documentary Stamps	\$ <input type="checkbox"/> 47.60
5. Government License and/or Registration Fees <input type="checkbox"/> EEE 2.00	\$ <input type="checkbox"/> 202.00
6. Government Certificate of Title Fees <input type="checkbox"/> ELECTRONIC FILING FEE	\$ <input type="checkbox"/> 16.00
7. Other Charges (Seller must identify who will receive payment and describe purpose) for SERVICE AGREEMENT for	\$ <input type="checkbox"/> 1200.00 \$ <input type="checkbox"/> N/A
8. Total Other Charges and Amounts Paid to Others on Your Behalf	\$ <input type="checkbox"/> 1467.10

Security: You are giving a security interest in the goods or property being purchased.

Late Charge: If a payment is received more than ten (10) days after the due date, you will be charged five (5%) percent of the payment.

Prepayment: If you pay off early, you may be entitled to a refund of part of the finance charge. See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

FINANCIATION OF AMOUNT FINANCED

Cash Price (including any accessories, services, and taxes imposed on the cash sale)	\$ 12620.79
Total Downpayment = Net Trade-in \$ <u>N/A</u> + Cash Downpayment \$ <u>500.00</u>	\$ 500.00
Your Trade-in is a <u>Year</u> <u>Make</u> <u>Model</u>	\$ 12120.79

Unpaid Balance of Cash Price (1 minus 2)

Other Charges Including Amounts Paid to Others on Your Behalf:

1 Cost of Physical Damage Insurance Paid to Insurance Company Covering Damage to the Vehicle (Liability insurance coverage for bodily injury and property damage to others is not included.)	\$ <u>N/A</u>
2 Cost of Optional Credit Insurance for the Term of this Contract Paid to Insurance Company	\$ <u>N/A</u>
3 Life's <u>N/A</u> Disability, Accident and Health \$ <u>N/A</u>	\$ <u>1.50</u>
4 Official Fees Paid to Government Agencies	\$ <u>47.60</u>
5 Documentary Stamps	\$ <u>202.00</u>
6 Government License and/or Registration Fees (itemized) <u>ELECTRONIC FILING FEE 2.00</u>	\$ <u>16.00</u>
7 Government Certificate of Title Fees <u>ELECTRONIC FILING FEE</u>	
8 Other Charges (Seller must identify who will receive payment and describe purpose) to <u>for SERVICE AGREEMENT</u> to <u>for</u>	\$ <u>1200.00</u> \$ <u>N/A</u>
Total Other Charges and Amounts Paid to Others on Your Behalf	\$ 1467.10
Amount Financed - Unpaid Balance (amount of credit you will get) (3 + 4)	\$ 13587.89

Buyer agrees to pay the Total of Payments at Seller's office designated below or at such office of any assignee as may be hereafter designated, in accordance with the above payment schedule.

DESCRIPTION OF SECURITY INTEREST: Seller retains an interest in the property described in this contract to secure payment and performance of Buyer's obligation under this contract. Any additional indebtedness represented by amounts which may be expected by Seller (1) in release or discharge of taxes, liens and encumbrances and (2) to procure required physical damage insurance on the property, as provided in this contract, shall also be secured by this security interest. The security interest granted hereby covers replacement of and additions to the property and shall also secure any and all other or future indebtedness and obligations of Buyer to Seller or Seller's assignee of this contract. Seller's security interest authorized repossession in the event of default.

In the event of a default, in addition to the rights set forth on the reverse side thereof, Seller shall have the right, at any time at its option, to declare the aggregate sum then remaining unpaid hereunder, less unearned interest or finance charges, immediately due and payable without notice or demand. If this contract is, after default, referred to an attorney for collection or enforcement, Buyer(s) agrees to pay an attorneys' fee (to be not less than 15% of the amount involved), plus appellate fees, if any, and all other costs, including transportation, repair and storage expenses.

Seller, under certain circumstances, (See reverse side) has the right to accelerate, in either event Buyer(s) may be entitled to obtain a partial rebate of the unearned FINANCE CHARGE, if any. Such rebate shall be calculated according to the "sum of the digits method" as follows: the amount of such rebate shall represent as great a proportion of the total FINANCE CHARGE (after first deducting an acquisition cost of \$25.00 if motor vehicle is being purchased, or \$15.00 if property other than a motor vehicle is being purchased in this transaction) as the sum of the monthly balances after the month in which prepayment is made, bears to the sum of all the monthly balances under the "Payment Schedule" in this contract.

ADDITIONAL TERMS AND CONDITIONS set forth on the reverse side hereof, hereby incorporated by reference, constitute a part of this contract. Buyer(s) understands that

Seller intends to assign this contract to _____

NOTICE

ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

Buyer understands and agrees that the additional agreements and provisions on the reverse side hereof, hereby incorporated by reference, constitute agreements of the Buyer and a part of this contract.

NOTICE TO BUYER: (A) DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. (B) YOU ARE ENTITLED TO AN EXACT COPY OF THE CONTRACT YOU SIGN, KEEP IT TO PROTECT YOUR LEGAL RIGHTS. BUYER ACKNOWLEDGES THAT A FULLY COMPLETED COPY HEREOF WAS DELIVERED TO AND RECEIVED BY BUYER, THIS 2nd DAY OF DEC 19 98

(Seller)

JOHN D. COLE, JR.

(Street)

(State)

(Seller)

JOHN D. COLE, JR.

(Street)

(State)

(Seller)

JOHN D. COLE, JR.

(Street)

(State)

(Buyer or Corp. or Partnership) (Title)

(Witness)

(Witness)

I am signing this agreement only to give Seller a valid security interest and will have no personal responsibility for the Total of Payments designated above.

SEE REVERSE SIDE FOR IMPORTANT TERMS AND AGREEMENTS

ORIGINAL

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Nell Kirkman Building — Tallahassee, FL 32399-0610
APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION

Attachment 17

APPLICATION TYPE: ORIGINAL TRANSFER DECEASED

MOTOR VEHICLE VESSEL

OWNER/APPLICANT IDENTIFICATION

<input type="checkbox"/> OR <input type="checkbox"/> AND NOTE: When joint ownership, please indicate if 'or' or 'and' is to be shown on title when issued. If neither box is checked, the title will be issued with 'and'.		Unit Number	Fleet Number	
Owner's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex	FL Driver License or FEID Number
Co-Owner's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex	FL Driver License or FEID Number
Lessee's First Name, Full Middle/Maiden Name, Last Name		Date of Birth	Sex	FL Driver License or FEID Number
Owner's Mailing Address		City	State	Zip
Co-Owner's / Lessee's Mailing Address		City	State	Zip
Owner's or Lessee's Street Address in Florida (Mandatory)		City	State	Zip

MOTOR VEHICLE, MOBILE HOME OR VESSEL DESCRIPTION

Vehicle / Vessel Identification Number	Make / Manufacturer	Year	Body	Color	Florida Title Number
Previous State of Issue	License Plate or Vessel Registration Number	Weight FT.	Length IN.	BHP/CC	GVW/LOC
FL Current Date of Issue					

BRANDS AND USAGE (Check Applicable Boxes)

Vehicle is: Vessel is: SHORT TERM LEASED LONG TERM LEASED REBUILT POLICE VEHICLE PRIVATE USE TAXI CAB FLOOD VEHICLE
 ASSEMBLED FROM PARTS MANUFACTURER'S BUY BACK REPLICA COMBINED KIT CAR GLIDER KIT

LIENHOLDER INFORMATION

If no lien, Print "NONE" <input type="checkbox"/>	FEID # or DL # and Sex and Date of Birth	Date of Lien	Lienholder Name
Lienholder Address		City	State Zip

If lienholder authorizes the Department to send motor vehicle or mobile home title to the owner, check box and countersign:

Signature of Lienholder's Representative

If box above is not checked, title will be mailed to the first lienholder.

TRANSFER TYPE

IF OWNERSHIP HAS TRANSFERRED, HOW WAS VEHICLE, MOBILE HOME, VESSEL ACQUIRED? SALE GIFT REPOSSESSION COURT ORDER

OTHER SPECIFY DATE ACQUIRED / / NEW USED

VESSEL DESCRIPTION AND USAGE / MISCELLANEOUS OWNER INFORMATION

TYPE <input type="checkbox"/> Open Motorboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Pontoon <input type="checkbox"/> Canoe <input type="checkbox"/> Auxiliary Sailboat <input type="checkbox"/> Airboat <input type="checkbox"/> Other _____ <input type="checkbox"/> Inflatable <input type="checkbox"/> Sailboat <input type="checkbox"/> Specify	HULL MATERIAL <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Wood/Fiberglass <input type="checkbox"/> Other _____ <input type="checkbox"/> Specify	PROPELLION <input type="checkbox"/> Outboard <input type="checkbox"/> Sail <input type="checkbox"/> Inboard <input type="checkbox"/> Air Propelled <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Other _____ <input type="checkbox"/> Specify	FUEL <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Specify	'DRAFT OF VESSEL (The depth of water a vessel draws) FT. _____ IN. <small>*For all vessels 30' or more in length and all sailboats</small>
Use of Vessel <input type="checkbox"/> Pleasure <input type="checkbox"/> Commercial Canoe <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Dealer/Manuf. <input type="checkbox"/> Commercial Fish <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Exempt <input type="checkbox"/> Commercial Hire <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Government <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Commercial Charter <input type="checkbox"/> Commercial Other	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Florida resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Are you an alien? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Co-Owner	Previous Out-of-State Registration Number:
Previously Federally Documented Vessel, Attach Copy of: <input type="checkbox"/> U.S. Coast Guard Release From Documentation Form; or <input type="checkbox"/> Copy of Cancelled Documentation Papers			State of Principal Use	

MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION

THIS SECTION REQUIRES A PHYSICAL INSPECTION AND A VERIFICATION OF THE VEHICLE IDENTIFICATION NUMBER OF THE MOTOR VEHICLE DESCRIBED ON THIS FORM BY A LICENSED DEALER, FLORIDA NOTARY PUBLIC, POLICE OFFICER, OR DIVISION OF MOTOR VEHICLES EMPLOYEE OR TAX COLLECTOR EMPLOYEE. COMPLETE THIS SECTION ON ALL USED MOTOR VEHICLES, INCLUDING TRAILERS, (WITH ABBREVIATION OF "TL" WITH A WEIGHT OF 2,000 POUNDS OR MORE) NOT PREVIOUSLY TITLED IN FLORIDA.

I, the undersigned, certify that I have physically inspected the above described vehicle and find the vehicle identification number to be: _____ (Vehicle Identification Number)

DATE

SIGNATURE

PRINTED NAME

Law Enforcement Officer _____ Badge ID Number _____ DMV/Tax Collector Employee _____ Notary or Stamp _____

Dealer License Number _____ Florida Compliance Examiner / Inspector Badge or ID Number _____

ODOMETER DECLARATION

WARNING: Federal and state law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines or imprisonment.

I STATE THAT THIS MOTOR VEHICLE'S 5 DIGIT OR 6 DIGIT ODOMETER NOW READS XX (no Tenth) MILES, DATE READ / / / , AND

TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED.

CAUTION: 1. IN EXCESS OF ITS MECHANICAL LIMITS. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE

DO NOT CHECK IF ACTUAL MILEAGE 2. IS NOT THE ACTUAL MILEAGE. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING — ODOMETER DISCREPANCY

DEALER SALES TAX REPORT

Florida Sales Tax Registration Number	Date of Sale	Dealer License Number	Amount of Tax	Dealer/Agent Signature
---------------------------------------	--------------	-----------------------	---------------	------------------------

Attachment 17B

Agreement to Provide Primary Auto Physical Damage Insurance

IMPORTANT NOTICE TO THE NAMED INSURED (same as Buyer):

I hereby agree to delivery to [REDACTED], Inc. ([REDACTED]) (Lienholder), within 15 days from the date hereof, an insurance policy which will provide Comprehensive and Collision Insurance with a maximum deductible of \$500.00 in the name of the Named Insured as shown below.

I will have my policy endorsed with "Automobile Loss Payable Endorsement" in favor of the above named Lienholder.

I will deliver this endorsement to [REDACTED], Inc. (Lienholder) at:

[REDACTED], Inc.

[REDACTED]

NAMED INSURED:

NAME	FIRST	MIDDLE	LAST		
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP CODE
TEL NO					

VEHICLE INSURED:

YEAR	MAKE	BODY	MODEL	SERIAL NUMBER
------	------	------	-------	---------------

IMPORTANT NOTICE TO BUYER:

Please forward goldenrod copy of this form to your insurance agent to assist in providing the proper proof of coverage.

REQUEST FOR CONFIRMATION OF INSURANCE

INSURANCE AGENT:

NAME	[REDACTED]
NUMBER AND STREET	[REDACTED]
CITY, STATE ZIP CODE	[REDACTED]
TELEPHONE NUMBER	[REDACTED]

INSURANCE COMPANY:

NAME	[REDACTED]	
POLICY NUMBER	[REDACTED]	
EFFECTIVE DATE	FROM	TO
COVERAGE	<input type="checkbox"/> COMPREHENSIVE \$ [REDACTED] DEDUCTIBLE	
	<input type="checkbox"/> COLLISION \$ [REDACTED] DEDUCTIBLE	

IMPORTANT NOTICE TO AGENT:

The individual identified above has informed us that physical damage insurance, also referred to as "Comprehensive and Collision," covering the vehicle described above has been obtained through you.

If the policy has deductibles in excess of \$500 and/or does not contain the standard loss payable/lienholder endorsement naming [REDACTED] [REDACTED], Inc. at the address below, we will request that these changes be made. Your records and those of your insurance carrier should reflect [REDACTED] interest.

Please provide [REDACTED] with a copy of the insured's declarations page and forward it to: [REDACTED], Inc., Insurance Service

However, if you have not provided the indicated insurance, please return this letter with a note to that effect in the space identified as "Agent Comments."

We must also be advised if [REDACTED] subsequently cancelled or terminated for any other reason.

AGENT COMMENTS: [REDACTED]

NAME INSURED
SIGNS [REDACTED]

DATE

ACCOUNT NUMBER

DEALER CONFIRMATION:

() AGENCY	() INSURANCE COMPANY	NAME OF PERSON	LOSS PAYEE	() YES	() NO
CONFIRMED BY [REDACTED] DATE [REDACTED]					

DEALER/SALESPERSON
SIGNS [REDACTED]

DEALER

PINK & GOLDENROD - CUSTOMER (BUYER: PLEASE FORWARD GOLDENROD COPY TO YOUR INSURANCE AGENT.)

GREEN - DEALER

Attachment 18
DEALER DEPARTMENT

DATE: 1

TO: _____

FROM: _____

APPLICANT: ID #: _____

CREDIT DECISION: ***** CONDITIONED *****

COLLATERAL: _____

COMMENTS: PLEASE SEE BELOW:
CONDITION 11000 X 60MONTHS 12.75BR 1 ADD ONLY

WE VERY MUCH APPRECIATE THIS APPLICATION. PLEASE RESPOND TO THE ABOVE COMMENTS AS SOON AS POSSIBLE SO WE MIGHT QUICKLY FINALIZE THIS TRANSACTION. THANK YOU.

SINCERELY,

*** REMINDER ***

***** NOTICE ***** NOTICE ***** NOTICE ***** NOTICE *****
TO ALLOW FASTER TURNAROUND, GIVE INVOICE \$ ON NEW VEHICLES AND
MILEAGE WITH FULL DESCRIPTION AND OPTIONS ON ALL USED VEHICLES.

CONFIDENTIAL:
THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW AND MAY NOT BE DISSEMINATED OR DISTRIBUTED. PLEASE CALL [REDACTED] IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR.

ATTENTION FINANCE

Date:

Discounter Name:

Phone:

Extension:

Dealer Name:

Page 1 of 1

We have received the following contracts, however, we are unable to FUND them due to the following missing or required items. Please FAX these items along with this form to my attention at or return them to us promptly at the office listed above.

Customer:

Vehicle:

Missing or Required Items:

- 1) NEED RO FOR \$2,122
- 2) NEED PROOF OF NATIONAL PAYOFF

OK

See R.O.
page 3

Customer:

Vehicle:

Missing or Required Items:

4 PAGES

Attachment 20

AUTHORIZATION FOR SERVICES DUE

To provide you with the most convenient service, it is requested that you call our Service Department at [] to make an advance appointment for the item(s) listed below to be taken care of. If parts have been ordered for your vehicle, you will be notified upon their receipt and an appointment will be made at the same time for their installation. Only those items listed on this AUTHORIZATION FOR SERVICES DUE can be performed on your vehicle as they were agreed upon at the time of sale.

DATE ISSUED: []

STOCK # []

SALESPERSON: []

VIN: []

YR: []

MAKE: []

MODEL: []

MILEAGE: []

SOLD TO: []

DATE: []

ADDRESS: []

CITY: []

STATE: []

ZIP: []

PHONE: RES. []

BUS. []

ITEMS AUTHORIZED:

<input type="checkbox"/> NOTHING DUE	TOTAL COST
8 Spoiler - CX2	510.00
8 Gold Metallic - CG3	239.00
8 Cerakote - CA1 MANUFACTURED - Katskin Insurer - Automotive Design	1398.00

I HEREBY ACCEPT THIS "AUTHORIZATION FOR SERVICES DUE" WITH THE UNDERSTANDING THAT TO BE VALID, IT MUST BE PRESENTED TO THE SERVICE DEPARTMENT WITHIN 30 DAYS.

Customer's Signature

Manager's Signature