

# FUNDING REQUIREMENTS CHECKLIST



## DEALER PROVIDED STIPULATIONS

- Contract (Signed, completed, no strike outs, and assigned without recourse to SouthEast Auto Financial Services, LLC)  
\*\*\*Confirm - APR, Term and Amount Financed are within guidelines
- Buyer's Order (signed, completed including mileage, and ensure all numbers and information matches contract)  
\*\*\*Odometer Statement (required only when mileage is not on the Buyer's Order or as required by State)
- Title Application/Title Validation (with lienholder of **SouthEast Auto Financial Services, 12100 Hwy 49 Ste. 724, Gulfport, MS 39503** \*\*Lienholder # 90017318800
- Warranty and/or GAP paperwork (**Need Lienholder and Provider copies**) Product name not required and can be listed on Retail Installment contract as VSC and/or GAP, no strike outs

- ❖ AVP: Warranty \$1,350 and Phoenix GAP \$499
- ❖ Warranty term is 24/24000.
- ❖ VSI: Required on all contracts – Price is 165.00 - no commissions

## SOUTHEAST AUTO FINANCIAL SERVICES REQUIRED STIPULATIONS

- Credit Application (completed and signed with 12 months of employment, and giving SAFS permission to pull credit)
- Signed Privacy Act
- Payment and Insurance policies agreement completed and signed
- Reference Sheet (Minimum 5 references per applicant, at least 2 family members)
- GPS Protection Information Sheet

## CUSTOMER PROVIDED STIPULATIONS

- Completed Welcome Call (Customer may give SouthEast Auto Financial Services the best time for us to call)
- Current Driver's License (**Must be for state of residence, current, and with no restrictions**)
- If customer is electing Optional Auto Recurring Debit, include Completed Automatic Recurring Payment Authorization form and attach a copy of debit or credit card.
- Proof of Income
  - ❖ Most recent Paystub (w/YTD totals), Previous year W2 (Required January – March, or as required in decision steps)
  - ❖ Self Employed (Minimum of 12 months at the current company, most recent tax return and 3 most recent bank statements)
- Proof of Residence
  - ❖ Trash/Water/Gas/Electric/Phone/Cable/Cell Phone Bill (Current, no disconnect or Final notices)
- Proof of Full Coverage Insurance (max \$500 deductible, Minimum of a 6 month policy)
  - ❖ Insurance Declaration Page with Primary Driver listed
  - ❖ Insurance Binder (SouthEast Auto Financial Services will verify policy prior to funding)
  - ❖ **Loss payee/lienholder address for Insurance is: 12100 Hwy 49 Ste. 724, Gulfport, MS 39503**

**To Expedite the Funding Process Fax Copies of your Completed Funding Package to  
228-832-0066**



Dealer \_\_\_\_\_

Phone \_\_\_\_\_

**Customer Information and Physical Address (Complete a separate application for applicant and joint applicant)**

SSN				DOB							
First Name				MI		Last Name			Jr	Sr	III
Street Number	Street Name			Apt #			Primary Driver	Yes	No	Yes	No
City	State		Zip			Email					
Primary Phone	Cell	Home	Other	Secondary Phone	Cell	Home	Other	Other Phone			
Drivers License #				Vehicle Insurer Name							
Insurer Address				Agent Name							
Insurer Phone #	Policy #			Full Coverage	Yes	No	Deductible \$			Max deductible-\$500	Make SAFS Loss Payee

**Mailing Address (If different than current residence)**

Address	City		St.		Zip Code	
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**Previous Address**

Address	City		St.		Zip Code	
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**Residence Information**

Residence Owned by	<input type="checkbox"/> Self or Spouse	<input type="checkbox"/> Landlord	<input type="checkbox"/> Military	Monthly Payment \$		At Residence Since		Name on Utilities			
Landlord or Mortgage Address	<input type="checkbox"/> Self (w/Mortgage)		<input type="checkbox"/> Relative			Phone Number					
Address	City		St.		Zip Code						

**Bank Information**

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	Bank Name			Location			<input type="checkbox"/> Direct Deposit
<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	Bank Name			Location			<input type="checkbox"/> Direct Deposit

**Primary Income Information ( Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)**

Income Type	<input type="checkbox"/> Employee (gets W2)	<input type="checkbox"/> Fixed Income	<input type="checkbox"/> Unemployed	Gross Pay Monthly \$		Start/Hire Date		Paid	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Employer	OCCUPATION				Phone Number	( )	Ext				
Address	City		St.		Zip Code						

**Secondary Income Information ( Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)**

Income Type	<input type="checkbox"/> Employee (gets W2)	<input type="checkbox"/> Fixed Income	<input type="checkbox"/> Unemployed	Gross Pay Monthly \$		Start/Hire Date		Paid	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
Employer	OCCUPATION				Phone Number	( )	Ext				
Address	City		St.		Zip Code						

**PRIVACY ACT**

The undersigned gives authorization to this dealer, Its Finance Sources and affiliates including SouthEast Auto Financial Services (SAFS) to obtain your consumer credit report from a Consumer Reporting Agency and to verify all information you have supplied on this application for credit. You understand that any financial institution to which this application for credit is submitted will retain this application whether or not it is approved.

California Residents: An applicant, if married, may apply for a separate account.

Ohio Residents: Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

**\*\*Email and Cellular Communications Consent:** By signing below I authorize and give consent to SouthEast Auto Financial Services LLC to use the email address and cellular telephone numbers I have provided on this application or which SouthEast Auto Financial Services LLC obtains to communicate with me for any purpose whatsoever, including but not limited to communication regarding my account activity, status and to collect any debt obligation I owe to SouthEast Auto Financial Services LLC. By providing a cellular telephone number on this application or to SouthEast Auto Financial Services LLC after my contract is assigned to them, I am consenting to receiving autodialed and artificial or prerecorded message calls from SouthEast Auto Financial Services LLC or its third party debtor collector at those numbers.

**Spousal Consent:** By signing below I authorize and give consent to SouthEast Auto Financial Services LLC to discuss my account with my spouse, if applicable,

Signature of Applicant / Joint Applicant \_\_\_\_\_ Date \_\_\_\_\_

# SouthEast Auto Financial Services

## Privacy Act Release Form

To Whom It May Concern:

I understand the Privacy Act, or other laws, rules, or regulations may prohibit your disclosure of information regarding me without my express approval and consent.

You may consider this letter, or copy thereof, as your authorization to release any information concerning me to SouthEast Auto Financial Services LLC. This includes the release of a consumer credit report.

This release will terminate upon satisfaction of my debt to SouthEast Auto Financial Services LLC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Witness

XXX - XX - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Executed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Executed



CUSTOMER REFERENCE SHEET

**EACH APPLICANT MUST PROVIDE FIVE (5) REFERENCES, WITH A MINIMUM OF TWO (2) RELATIVES. JOINT SPOUSAL APPLICANTS REQUIRE A TOTAL OF FIVE (5). NO TWO REFERENCES MAY HAVE THE SAME ADDRESS.**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

LANDLORD/MORTGAGE COMPANY/PHONE #

**Applicant must supply referenced different than ones they are living with.**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

I hereby grant SouthEast Auto Financial Services consent to contact the references that I have provided in regards to the Auto Loan being obtained through this dealer and the servicing of that loan through SouthEast Auto Financial Services.

\_\_\_\_\_  
Customer Signature & Date

\_\_\_\_\_  
Customer Name (Printed)

WELCOME CALL

Customer is encouraged to call SAFS, LLC at 228-832-0044 between 8:00 AM and 5:00 PM (Central), Monday through Friday, to complete the Welcome Call. Customer may provide best contact times for SAFS to call customer.

BEST CONTACT PHONE NUMBER (PRIMARY): \_\_\_\_\_

BEST CONTACT TIME #1: \_\_\_\_\_

\_\_\_\_\_  
BEST CONTACT PHONE NUMBER (CO-APPLICANT):

BEST CONTACT TIME #2: \_\_\_\_\_

\_\_\_\_\_  
BEST CONTACT TIME #3: \_\_\_\_\_



**AUTOMATIC RECURRING PAYMENT AUTHORIZATION FOR AUTOMOBILE/VEHICLE LOANS**

Request Type:  Start/New  Change  STOP after:  Skip/Pause until \_\_\_\_\_

**Customer Information (Please Print)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Social Security Number if account # unknown

**Instructions:**

1. Read Terms and Conditions attached to this form.
2. Please complete all sections of this form.
3. Sign and date in "Authorized Account Signers" Section.
4. Return the completed form to:  
SouthEast Auto Financial Services, L.L.C.  
Attn: Automatic Recurring Payments  
12100 Hwy 49 Ste. 724  
Gulfport, MS 39503  
Fax: (228) 832-0066 or email: 66safes@gmail.com
5. Please keep a copy for your records.

**Card Information**

Name on Card: \_\_\_\_\_

Card Number \_\_\_\_\_ CV2 Code \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Account Type:  Visa  Master card

Submission of this authorization is acknowledgement that I am an authorized signer on the debit account listed.

Monthly Payments Calendar Day \$ \_\_\_\_\_ Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Payments Business Day \$ \_\_\_\_\_ (specify) \_\_\_\_\_

Beginning  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

\*Payment amount must be equal to or greater than the contractual payment amount. \*\*A \$ 2.00 fee will be added for a Debited Total of \$ \_\_\_\_\_.

\*\*Payments must be made on or before the due date.

Note: Monthly payments business day will begin the selected month, subsequent debits will be made on the selected day of each month.

**Multiple Payment Options\*\*\* See Terms and Conditions on the back of form**

Twice monthly<sup>1</sup> Dates \_\_\_\_\_ & \_\_\_\_\_ Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$ \_\_\_\_\_ each  
(1/2 of contractual payment amount) Pick two payment dates at least 7 days apart (Example 1<sup>st</sup> and 15<sup>th</sup>)

Bi-weekly<sup>2</sup> Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$ \_\_\_\_\_ each  
(1/2 of contractual payment amount)

Every 28 days<sup>3</sup> **Select Day:**  Monday  Tuesday  Wednesday  Thursday  Friday  
(amount of contractual payment) Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$ \_\_\_\_\_ each

\*\*\*If anything other than monthly is chosen for the payment frequency, the account must be current and all fees paid unless it is preapproved by SouthEast Auto Financial Services.

**Note:** For any payments where the payment date falls on a federal holiday, weekend or a calendar date not present in the month (i.e. the 31<sup>st</sup> of June or the 30<sup>th</sup> of February) the payment will debited on the first business day after the payment date, unless the business day option is selected.

I authorize SouthEast Auto Financial Services, L.L.C. to automatically debit my card as described in the payment options of this authorization. SouthEast Auto Financial Services, L.L.C. is authorized to debit my card until SouthEast Auto Financial Services, L.L.C. receives written notification to terminate this service or until the account is paid in full. Termination requests must be received in writing (5) days prior to the next scheduled draft.

Print Legal Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ check \_\_\_\_\_ Date: \_\_\_\_\_

## Automatic Recurring Payment Authorization Terms and Conditions

**Please read this agreement and disclosure carefully. This agreement describes your rights and obligations as well as the rights and obligations of SouthEast Auto Financial Services, LLC**

By requesting SouthEast Auto Financial Services, L.L.C. to automatically deduct funds from your card in order to make your loan payment, you acknowledge that you read and accepted all the terms and conditions of this agreement.

Automatic Recurring Payments are not a requirement for credit approval and/or servicing of your account.

### Definitions

As used in this agreement, the relevant terms are defined as follows: □

“We” or “us” refers to SouthEast Auto Financial Services.

- “You” and “your” refers to the account holder and anyone else authorized by the account holder to exercise control over the account holder’s funds through this service.
- Payment instructions means the information provided by you to us in order to enable us to make an electronic payment, including, but not limited to, the payment account number and payment date.
- Payment account means your savings or checking account from which electronic payments will be made.
- Scheduled payment date is the date you have selected for your electronic loan payment to be made.

### Customer Responsibility

You agree that you are responsible for all authorized transactions up to the limits allowed by applicable law. If you permit other persons to access your account, you are responsible for any transactions they authorize.

### Multiple Payment Options

<sup>1</sup>Twice Monthly: If you select twice monthly payments, please note you will be making 24 payments per year. You must select the two dates you wish your payments to come out each month (i.e. 1<sup>st</sup> and the 15<sup>th</sup> of the month). Those dates must be at least 7 calendar days apart.

<sup>2</sup>Bi-Weekly: If you select biweekly payments, please note you could be making up to 27 payments per year. Your first biweekly payment will occur on the payment date indicated on the front, with subsequent payments being taken every 14 calendar days thereafter.

<sup>3</sup>Weekly: If you select weekly payments, please note you will be making a total of 52 payments per year. Your first weekly payment will occur on the Payment Date indicated on the front, with subsequent payments being taken every 7 calendar days thereafter.

### Payment

By providing us with the account information of the financial institution at which you maintain your payment account, you authorize that financial institution to follow the payment instructions that it receives through the payment system from us.

- When we receive a payment instruction, you authorize us to debit your payment account and remit funds to us on your behalf for credit to your loan account.
- Your payment account must be a checking or savings account.
- All payments you make will be deducted from the account that you designate as your payment account.
- Any payments you wish to make must be payable in U.S. dollars.
- Funds must be available in your payment account on the scheduled payment date.
- After funds are withdrawn from your account via an automatic deduction, the amount of the payment will be applied to your loan account with us.

We will use our best efforts to make all of your loan payments properly. However, we shall not incur liability if we are unable to complete any loan payments initiated by you through an automatic deduction for any reason including one or more of the following circumstances:

1. The financial institution holding your payment account refuses or is otherwise unable to honor a debit originated by you, and returns that transaction to us unpaid, regardless of the reason for the return;
2. The financial institution that maintains your payment account mishandles or delays a payment requested by us on your behalf;
3. You have not provided us with the correct account information for the payment account; or
4. Circumstances beyond our control (such as, but not limited to, fire, flood or interference from an outside force) prevent the proper execution of the transaction, and we have taken reasonable precautions to avoid those circumstances.

Provided that none of the foregoing four (4) exceptions apply, if we cause an incorrect amount of funds to be removed from your payment account or cause funds from your payment account to be directed to us in a manner inconsistent with your payment instructions, we shall be responsible for returning the improperly transferred funds to your payment account.

We are responsible only for exercising ordinary care in processing payments upon your authorization in accordance with this agreement. We will not be liable in any way for damages or charges you incur if you do not have sufficient funds in your payment account to make a loan payment that you have scheduled pursuant to the terms of this agreement.

### Disclosure of Information to Third Parties

We will disclose information about your account or the transfers you make pursuant to the terms of this agreement to third parties only:

1. Where it is necessary for completing transfers; or
2. In order to verify the existence and condition of your account for a third party, such as a credit bureau or merchant; or
3. In order to comply with government or court orders, or other reporting requirements; or 4. If you give us your written permission; or
5. To companies affiliated with us.

### Scheduled Payments and Late Fees

Your electronic loan payment will be processed and your account will be debited on the date that you have selected, or on the following business day (Monday through Friday) if the date occurs on a weekend, federal holiday or calendar date not present in the month (i.e. the 31 of June or the 30<sup>th</sup> of February. If you elected monthly payments business day option, you are giving us permission to run your payment on that business day regardless of the calendar date.

**Late charges will be assessed in accordance with the terms of your contract.**

If you properly follow the procedures described in this agreement and we fail to make a payment according to the payment instructions received, you will not be assessed a late fee.

**In the Event a Service Transaction is Returned**

If your payment account does not have sufficient funds to make the full payment as of the date the transfer or payment is attempted or scheduled to be made, the transfer or payment may be canceled. We will attempt to notify you by telephone, electronic mail or by U.S. mail, but we shall have no obligation or liability if we do not complete a transfer or payment because there are insufficient funds in your payment account to process the transaction. In all cases, you are responsible for making alternative arrangements for the payment. If any draft is returned to us as non-sufficient funds, you agree to pay the return charge which shall be no more than the maximum NSF charge set forth by the state your contract is based in.

**Conditions that may cause SouthEast Auto Financial Services, L.L.C. to cancel Automatic Recurring Payments on your account**

- If your payment has been declined due to insufficient funds for (5) consecutive days, your automobile is in jeopardy of being repossessed.
- If we receive notice that your payment account has been closed or frozen, or is an invalid number.

**Cancellation/Changes to Payment Instructions**

If you wish to cancel the payments that you have authorized pursuant to the terms of this agreement, you must notify us in writing at least (5) business days prior to the scheduled payment date at:

SouthEast Auto Financial Services, L.L.C.  
Attn: Automatic Recurring Payments  
12100 HWY 49 Ste. 724  
Gulfport, MS 39503

fax notification to us at (228) 832-0066 or email us at 66safes@gmail.com

Any changes to your payment instruction, including changes to the payment amount, frequency, payment date and the payment account must be made in writing.

**Errors and Questions**

In case of errors or questions about your transactions processed pursuant to this agreement you should as soon as possible:

- E-mail us at: 66safes@gmail.com
- Telephone us at (228) 832-0044
- Write us at
  - SouthEast Auto Financial Services, L.L.C.
  - Attn: Automatic Recurring Payments
  - 12100 HWY 49 Ste. 724
  - Gulfport, MS 39503



12083 Hwy 49 Gulfport, MS 39503

Phone (228)832-0044 Fax (228)832-0066

## **PAYMENT AND INSURANCE POLICIES AGREEMENT**

### **HOW DO I PAY SOUTHEAST AUTO FINANCIAL SERVICES?**

1. Call 228-3832-0044
2. Automatic credit card draft over the phone
3. Walk in payment, Cash
4. CHECKS--NEVER---Southeast Auto Financial Services will not accept checks

### **PAYMENT POLICY**

1. PAYMENTS ARE DUE ON THE DUE DATE
2. No grace period
3. After 5 days the account is turned over to internal collections
4. Repossession may occur any time after 5 days

### **INSURANCE**

Full coverage insurance with max \$500 deductible and Southeast Auto Financial Services listed as lien holder/additional named insured/ or loss payee is required at all times on this vehicle. Any minute without insurance is default on purchase and subject to immediate repossession and minimum \$500 repossession fee. Any accidents should be reported to SAFS. Our office can be of assistance getting claims paid properly and timely.

### **REPOSSESSION FEES**

In the event of repossession, fees are outlined below.

\$250 Account Re-Activation Fee

\$250 Repo Fee

**INITIALS**\_\_\_\_\_

### **OTHER NOTES**

1. Any fraudulent credit card payment could result in default on the purchase agreement, subject to repossession, and loss of all money paid to date on the purchase agreement.
2. Any payment returned for insufficient funds, are subject to a minimum \$30 fee.
3. Vehicle is subject to repossession for vehicle neglect which includes but not limited to: Failure to adhere normal vehicle maintenance, improper use of vehicle, unreported accidents, and unrepaired damage to vehicle.

**BUYER:** \_\_\_\_\_

**CO-BUYER**\_\_\_\_\_

**SELLER:** \_\_\_\_\_





## GPS Protection Information Sheet

Goldstar GPS ONLY

Customer's Name \_\_\_\_\_

Dealer Name \_\_\_\_\_

Unit SRN Number \_\_\_\_\_

Place Sticker Here

Vehicle Year \_\_\_\_\_

Vehicle Make \_\_\_\_\_

Vehicle Model \_\_\_\_\_

Vehicle VIN \_\_\_\_\_

Vehicle Mileage \_\_\_\_\_

Installer \_\_\_\_\_

Installer Phone # \_\_\_\_\_

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SAFS  
VERIFICATION

VERIFIED BY \_\_\_\_\_

DATE VERIFIED \_\_\_\_\_