

# FUNDING REQUIREMENTS CHECKLIST

## DEALER PROVIDED STIPULATIONS

- Contract (Signed, completed, no strike outs, and assigned without recourse to Southeast Auto Financial Services, LLC)  
**\*\*\*Confirm LTV, Term and Max Amount Financed are within Tier guidelines**
- NO 1<sup>ST</sup> PAYMENT DUE DATES AFTER THE 20th, and MUST BE AT LEAST 30 days after the contract date BUT NO LATER THAN 45 days after the contract date**
- Buyer's Order / 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 Number 90017318800.**)
- Warranty and/or GAP paperwork (**need Lienholder copy and all pages of contract; lienholder listed as Southeast Auto Financial**)
- Vehicle NADA Bookout Sheet (include clean trade value)
- Credit Application
- Any State Mandated Documents or Any other stipulations listed on call back

## SOUTHEAST AUTO FINANCIAL SERVICES PROVIDED STIPULATIONS

- Signed Southeast Auto Financial Services Privacy Act Release Form (1 Per Applicant)**
- Co-Signer Form completed and signed (if applicable)
- Southeast Auto Financial Services Reference Sheet and Reference Acknowledgement Form

## CUSTOMER PROVIDED STIPULATIONS

- Completed Welcome Call (**Customer may call Southeast Auto Financial Services at 228-832-0044 or provide us with best times to contact on SAFS Reference Sheet**)
- Current Driver's License (**Must be for state of residence, current, and with no restrictions**)
- Proof of Income
  - 2 most recent Paystubs (w/YTD totals), Previous year W2 (Required January – March, or as required in decision steps)
  - For other income, please refer to Income Types guide or Buying Center
- Proof of Residence
  - Utility Bill (Trash/Water/Gas/Electric/Phone/Cable)
  - Cell Phone Bill (Full statement including call details)
  - Credit Card Statement
  - Landlord Verification or Mortgage Statement
  - Checking or Savings Account Statement (All pages of statement required)**\*\*\*POR must be from within the last 30 days and cannot be past due. A past due amount on a bill used as POR cannot be greater than the new car payment. Excessive overdrafts, non-sufficient funds fees, cash advances on bank statements will not be accepted.**
- Proof of Insurance (max \$500 deductible, Minimum of a 6 month policy)
  - **Loss payee/lienholder address for Insurance only is: 12100 Hwy 49 Ste 724– Gulfport, MS 39503**
- Automatic Recurring Payment (debit) Authorization form (OPTIONAL)

*Southeast Auto Financial Services has the right to return any deal at any time. Dealer will be notified regarding the reason for the return.*

**To Expedite the Funding Process Fax or e-mail Copies of your Completed Funding Package to 844-396-3747 or mailto: [funding@southeastautofinancialservices.com](mailto:funding@southeastautofinancialservices.com)**



Dealer \_\_\_\_\_

Phone \_\_\_\_\_

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

SSN			DOB		
First Name	MI		Last Name		
Street Number	Street Name	Apt #		Primary Driver	Jr <input type="checkbox"/> Sr <input type="checkbox"/> III <input type="checkbox"/>
City	State	Zip	Email		
Primary Phone	Cell <input type="checkbox"/>	Home <input type="checkbox"/>	Other <input type="checkbox"/>	Secondary Phone	Cell <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Other Phone
Drivers License #	Vehicle Insurer Name		Agent Name		
Insurer Address	Policy #		Full Coverage <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	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"/> BiMonthly <input type="checkbox"/> Monthly
Employer	<input type="checkbox"/> Self Employed (No 2)	<input type="checkbox"/> Temp Servie Employee	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"/> BiMonthly <input type="checkbox"/> Monthly
Employer	<input type="checkbox"/> Self Employed (No 2)	<input type="checkbox"/> Temp Servie Employee	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: \_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_

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: \_\_\_\_\_



## REFERENCE ACKNOWLEDGEMENT FORM

I Hereby grant Southeast Auto Financial Services, LLC consent to contract the References that I have provided on the attached dealer reference sheet regarding the Auto Loan being obtained through Southeast Auto Financial Services, LLC and the servicing of that loan through Southeast Auto Financial Services, LLC.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Comaker Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Dealer Representative Signature

\_\_\_\_\_  
Date

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



**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: autopay@southeastauto.net
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**

Weekly<sup>1</sup> Select Day:  Monday  Tuesday  Wednesday  Thursday  Friday  
(1/4 of contractual payment amount) Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$ \_\_\_\_\_ each (1/2 Payment)

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

\*\*\*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 - ( Keep for your Records pages 2 & 3 )

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 - [autopay@southeastauto.net](mailto:autopay@southeastauto.net)

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: [autopay@southeastauto.net](mailto:autopay@southeastauto.net)
- 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





12100 Hwy 49 Ste 724 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 228-832-0044
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 if no customer contact is made.

### **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 in repossession fees. 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.

\$150 Account Re-Activation Fee

\$350 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 or PassTime 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 \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT PHYSICAL DAMAGE INSURANCE

Your finance agreement requires that you obtain and provide and maintain physical damage insurance during the term of your finance agreement. You may obtain the required insurance from the company of your choice, but it must meet the following minimum terms:

Coverage:	Collision and OTC (Comprehensive)
Max Deductible:	\$ 500
Insured:	You must be an insured/Policy must not be Named Driver Only
Lienholder/Loss Payee:	<u>Southeast Auto Financial Services(SAFS)</u> <u>12100 Hwy 49 Ste 724</u> <u>Gulfport, MS 39503</u>

If you do not provide evidence of required insurance, we may insure our interest in the financed auto under our physical damage insurance policy. The cost of this insurance will be charged to you, and if any part of the cost is financed by us that amount will accrue interest at the rate stated in your finance agreement. Other important terms and conditions of the insurance that will purchase include the following:

1. We are the insured. Our policy provides single interest insurance and does not directly protect your interest in the same way as your own insurance would. Claim will be paid to us and will be credited to your finance obligation or used to repair the financed auto, at our discretion. In the event of a covered loss, our policy will pay the lesser of (1) the cost to repair or replace the financed auto, (2) the actual cash value of the financed auto, or (3) the outstanding finance balance at the time of loss. Also, a deductible (as shown below) applies to each loss. The financed auto is described below.
2. The premium that will be charged to your account may be more expensive than physical damage insurance purchased by you, and our policy coverage may expire before your finance agreement is paid off.
3. Licensed insurance agents may receive commission or other compensation from the policy.
4. If at any time you provide us with evidence of required insurance obtained by you, we will cancel our insurance. The unearned portion of the premium, if any, will be credited to your finance obligation.
5. **The policy does not provide bodily injury or property damage liability insurance. You must obtain this insurance on your own. The insurance we purchase will not satisfy state financial responsibility laws.**
6. If you do not provide evidence of physical damage insurance before taking possession of the financed auto, we may place insurance to protect our interest, with such insurance effective as of the date of the finance agreement. However, if you later provide evidence that you have obtained required insurance on your own we will cancel our insurance as of the effective date of your insurance.

If you provide evidence of required insurance, and that insurance later cancels or expires, we may place insurance under our policy effective as of the date that your policy is no longer in force.

I understand that my financed auto must be insured against risk of physical damage during the term of my finance agreement and that I may obtain this insurance through an insurance agent and/or insurance company of my own choosing. If I do not provide evidence of physical damage insurance, S.A.F.S. may insure its own interest in my vehicle under their physical damage insurance policy and I will be responsible for reimbursing them for the cost of that insurance, as documented below. If I obtain my own insurance after such insurance has been added to protect my vehicle, the insurance will be cancelled as of the effective date of that insurance. **I understand that the insurance is limited to physical damage insurance coverage and does not include liability protection. I have or will obtain liability insurance from an agent or company of my choice.**

Vehicle: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Contract: Number: \_\_\_\_\_ Contract Date: \_\_\_\_\_ Maturity Date: \_\_\_\_\_

Finance Balance: (\$) : \_\_\_\_\_ Deductible (\$) : 500

Charge: Per Payment: (\$) : 100.00 Payment Frequency: Monthly (charge may change after 12 months from date of finance)

I have read and understood this document and acknowledge receipt of a completed copy of this form. I agree that any refund of unearned premium shall be credited to the unpaid balance of my finance agreement.

Borrower \_\_\_\_\_ (PRINTED) \_\_\_\_\_ Date

Borrower did  /did not \_\_\_\_\_ provide insurance

Borrower \_\_\_\_\_ (SIGNATURE)

By: \_\_\_\_\_ F&I Initial