



## DEAL SUMMARY



GENERATED BY LISA BINGLE ON 5/8/2024

Dealership	Sandy Sansing Mazda TAP	Deal #/Status	225649 / Pended	Lemon Law	-2.00
Deal Type	FINANCE	Deal Date	4/10/2024	Registration Fee	331.60
Transaction	New Metal	DLR Code / Log #	19057857 / 60170126	Title Fee	79.75
Transfer Plate #		Reg Expiration	5/3/2025	Total Fee	409.35
Issued Plate #	60EMYM RGS	Replace Plate	NO		
Created By:	LISA BINGLE				

### VEHICLE

VIN	JM3KFBDY1R0444334	Stock #	MZ12272
Year	2024	New/Used	New
Make	MAZD	Model	CX-5
Color	RED	Vehicle Use	PRIVATE
Body	UTILITY	Registration Use	PRIVATE
Net Weight	3856	GVW	0
Odometer	17	Odometer Reading Date	4/10/2024
Title #	154777910	Tax Amount	2590.47

### TRADE(S)

### CUSTOMER 1

Customer Type	Individual	Date of Birth	5/3/1980
Dms Customer #	1522270	DMV Customer #	215903442
Name	BRIAN GEORGE MARGAVICH	Driver License #	M621067801630
Residential Address	10756 TRAILBLAZER WAY PENSACOLA FL 32506	Mailing Address	10756 TRAILBLAZER WAY PENSACOLA FL 32506

### CUSTOMER 2

Customer Type	Individual	Date of Birth	9/16/1980
Dms Customer #	1522242	DMV Customer #	215903443
Name	AMANDA LEE MARGAVICH	Driver License #	M621012808360
Residential Address	10756 TRAILBLAZER WAY PENSACOLA FL 32506	Mailing Address	10756 TRAILBLAZER WAY PENSACOLA FL 32506

### LESSOR

None

### LIENHOLDER(S)

Name	TOYOTA MOTOR CREDIT CORP	Cust #/FEID #	208103257 / 953775816 - 7
Address 1	PO BOX 30203	Lien Date	4/10/2024
City, State Zip	COLLEGE STATION TX 77842		

### INSURANCE

Name	GOVERNMENT EMPLOYEES INSURANCE COMPANY	Company Code	9245
Customer Policy #	6016540525	Policy Type	P



6105 Pensacola Blvd - Pensacola, FL 32505  
www.sandysansingmazda.com  
(877) 848-6447

CUST# 1522270

DEAL# 225649

THIS IS AN AGREEMENT TO PURCHASE  
STOCK # MZ12272  
DATE 04/10/2024  
SALES PERSON QUINTON ELIAS

### GENERAL INFORMATION

Purchaser **BRIAN GEORGE MARGAVICH** Co-Purchaser **AMANDA LEE MARGAVICH**  
SSN **N/A** Birthdate **05/03/1980** SSN **N/A** Birthdate **09/16/1980**  
Address **10756 TRAILBLAZER WAY** City **PENSACOLA** State **FL** Zip **32506**  
Home Phone **228-257-0431** Business Phone \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
Driver's License (1) **M621067801630** Driver's License (2) **M621012806360**  
NEW ☒ [XX] Year **2024** Make **MAZDA** Body Type **WAGON 4 DR.** Color **SOUL RED CRYSTAL METALLIC**  
USED ☐ [ ] Model **CX-5** Mileage **17** Cyl **4**  
DEMO ☐ [ ] Serial # **J M 3 K F B D Y 1 R 0 4 4 4 3 3 4**

### TRADE-IN INFORMATION

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
ID # \_\_\_\_\_ Mileage \_\_\_\_\_  
Body \_\_\_\_\_ Cyl **N/A** Color \_\_\_\_\_  
Tag # **N/A** Decal # \_\_\_\_\_ State \_\_\_\_\_

### PAYOFF

Finance Co \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Quoted By **N/A** Good Until \_\_\_\_\_  
Balance Owed \_\_\_\_\_ Acct # \_\_\_\_\_

Unless buyer notes the contrary here, Buyer warrants that the above Trade has not suffered collision or flood damage and that the odometer reading reflects the actual mileage incurred by the Trade. Buyer warrants that the Trade was used only for personal use unless another use is listed here.

I/We understand that money given to Sandy Sansing on above date is a down payment and is non-refundable.

In the event you cannot make delivery within 72 hours of this date, I understand that my car is subject for reappraisal.

In the event of increase in price by manufacturer before delivery I agree to pay the difference in price.

No other agreement, promise, or understanding of any kind pertaining to this purchase will be recognized except a conditional sales contract in writing executed by the undersigned as purchaser thereunder.

The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.

### TRANSACTION

BASE PRICE	40,845.00
PORTFOLIO EXPRESS CAREFREE MAINTENANCE	1,200.00
CERMAPLATE	999.00
PORTFOLIO EXPRESS COMBO	942.00
PORTFOLIO VSC	2,651.00
N/A	N/A
BATTERY AND TIRE WASTE FEE	6.50
TEMP REG/ELECTRONIC FILING	75.00
SUBTOTAL	46,716.50
TRADE ALLOWANCE	N/A
SUBTOTAL AFTER TRADE ALLOWANCE	46,716.50
* DOCUMENT / SERVICE FEE	899.00
* PRIVATE TAG AGENCY FEE	99.00
Amount Taxable	47,716.50
Sales Tax	2,631.92
Other Tax	363.63
Payoff On Trade	N/A
(Estimated) Plus Tag & Title Fees	411.35
TOTAL	51,123.60
(Not a receipt) DOWN PAYMENT	3,500.00
REBATES	500.00
Unpaid Balance	47,123.60

This offer is not valid unless signed and accepted by Dealer. The Dealer reserves the right to cancel this transaction. On a credit transaction the purchaser(s) offer is not accepted and the transaction is not consummated until (a) approved in writing by Dealer and a responsible Bank or Finance Company and (b) all disclosures required by the Federal Consumer Credit Protection Act (Truth in Lending Act) have been given and (c) purchaser(s) and Dealer have signed an Installment Sale Contract. In consideration of the mutual covenants, agreements and representations contained herein the purchaser and seller agree that in the event of an alleged breach, dispute or default in connection with this agreement that they waive a trial by jury and agree to submit to final, binding, and mandatory arbitration.

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience.

Accepted by **SANDY SANSING MAZDA**

Buyer's Signature X \_\_\_\_\_

Must be accepted by Dealer Representative

Date **04/10/2024**

Co-Buyer's Signature X \_\_\_\_\_

\*A DOCUMENT/SERVICE FEE/PRIVATE TAG AGENCY FEE IS NOT AN OFFICIAL FEE AND IS NOT REQUIRED BY LAW HOWEVER IT MAY BE CHARGED TO A BUYER/LESSEE FOR THE HANDLING OF DOCUMENTS AND THE PERFORMING OF SERVICES RELATED TO THE SALE OR LEASE AND MAY INCLUDE DEALER PROFIT.

Year 2024  
Make MAZDA CX5 Stock No. MZ 12272  
VIN JM3KFBOY1RD444334 Date Sold \_\_\_\_\_  
Motor No. \_\_\_\_\_ Invoice No. \_\_\_\_\_  
Date of Purchase 2-9-24 Mileage 2  
Purchased From MAZDA  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Title No. MSO-2023120801928  
License No. \_\_\_\_\_

Sold  
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Deal #225649 | 04/10/2024

Deal Info

Stock Number MZ12272  
Contract Date 04/10/2024

Buyer Info

Buyer ID 1522270  
Buyer Name BRIAN GEORGE MARGAVICH  
Address 10756 Trailblazer Way,  
Pensacola, FL 32506

Assignees

Salesperson 1 QUINTON ELIAS  
Salesperson 2 -  
F & I Manager CHARLA PALMER

FUNDED

Toyota Motor Credit Corp

TEKION

Refund: 2.00

411.35  
409.35

APR 22 2024  
DLR DMV  
Processed

5-8-24

Received Title

Purchaser

# Sandy Sansing



LINCOLN



Deal # 225649 Stock # ME/2272  
 Date 4/10/24  
 Customer Margavich  
 Sales Rep Quinton Elias  
 Sales Mgr DMarcus Horne  
 Finance Mgr \_\_\_\_\_

Red Flags Id Verification	<input checked="" type="checkbox"/>	Trade: Yes <input checked="" type="checkbox"/> No	
Red Flags Out of Wallet	<input checked="" type="checkbox"/>	Tag # to Transfer _____	
Red Flags OFAC	<input checked="" type="checkbox"/>	Trade Miles _____	
Valid Driver's License	<input checked="" type="checkbox"/>	Trade Color _____	
Insurance Verification	<input checked="" type="checkbox"/>	Name(s) on Trade _____	
8300 Form	<input checked="" type="checkbox"/>	Electronic or Paper Title _____	
Down Payment Funds and Receipt	<input checked="" type="checkbox"/>	Lost Titles \$87.50 Fee (Customer Pay)	
<b>Signed and completed</b>		ACV Card _____	
		Odom Sold Miles <u>17</u>	
Buyers Order/ Purchase Agreement	<input checked="" type="checkbox"/>	SOLD	VEHICLE
Arbitration Agreement	<input checked="" type="checkbox"/>		SIGN HERE
AS IS (Used Vehicles)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Full Warranty Inspection	<u>DA</u>
B-Line (Used Vehicles over 60k Miles)	<input checked="" type="checkbox"/>	<input type="checkbox"/> B Line Inspection	
Wholesale to the public form	<input checked="" type="checkbox"/>	<input type="checkbox"/> Wholesale Inspection	
Carfax or Auto Check (stamped & signed)	<input checked="" type="checkbox"/>	<input type="checkbox"/> Lifetime Warranty Eligible	
We Owe	<input checked="" type="checkbox"/>		
Spot Delivery	<input checked="" type="checkbox"/>		
Odometer Statement	<input checked="" type="checkbox"/>		
Title to Trade in	<input checked="" type="checkbox"/>	NOTES:	
McArthur Form	<input checked="" type="checkbox"/>		
Payoff Verification	<input checked="" type="checkbox"/>		
Privacy Statement	<input checked="" type="checkbox"/>		
Credit Application	<input checked="" type="checkbox"/>		
Risk Based Pricing	<input checked="" type="checkbox"/>		
Call Back Sheet	<input checked="" type="checkbox"/>		
Dealer Participation	<input checked="" type="checkbox"/>		
Menu	<input checked="" type="checkbox"/>		
Summary Page (decline/Accept)	<input checked="" type="checkbox"/>		
Gap Contract	<input checked="" type="checkbox"/>		
Warranty Contract	<input checked="" type="checkbox"/>		
Loaner Form	<input checked="" type="checkbox"/>		
Recall (Used Vehicles)	<input checked="" type="checkbox"/>		
GM Disclosure (Chevrolet Only)	<input checked="" type="checkbox"/>		
FL HOPE designation (FI Stores Only)	<input checked="" type="checkbox"/>		
Title Paperwork	<input checked="" type="checkbox"/>		

CNTY# AGY# SUB# RPT#

4	14		0
AUDIT #			



STATE OF FLORIDA  
APPLICATION FOR VEHICLE/VESSEL  
CERTIFICATE OF TITLE

L#	
T#	1961405129
B#	
S#	

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT	LENGTH	PRINCPL OPERAT	GVW/LOC	
154777910	JM3KFB DY1R0444334	2024	MAZD	UT	RED		3856			
DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
05 08 24	ORT	PRIVATE								

Applicant/Owner's Name &amp; Address

BRIAN GEORGE MARGAVICH OR AMANDA LEE MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506

SEX	BIRTHDATE MO. DAY YEAR	RESIDENT Y N ALIEN	CNTY RES.#
M	05 03 80	X	9
1st OWNER FL/DL # OR F.E.I.D.#		2nd OWNER FL/DL # OR UNIT #	
M621067801630		M621012808360	

VOLUNTARY CONTRUBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	75.00	0.00	79.75

Action Requested: ORIG NEW TITLE  
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	<input type="checkbox"/> ODOMETER DECLARATION CERTIFICATION
	04/10/2024	XX		17 MILES 04/10/2024 ACTUAL	

LIEN INFORMATION	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	04/10/2024	04/10/2024	953775816-07	208103257

NAME OF FIRST LIENHOLDER:

TOYOTA MOTOR CREDIT CORP

ADDRESS

ELECTRONIC LIEN

SALVAGE TYPE

## SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

SANDY SANSING MAZDA

ADDRESS

6105 PENSACOLA BLVD  
PENSACOLA, FL 32505

DEALER LICENSE NO.

VF10019571

CONSUMER OR SALES TAX EXEMPTION #

## SALES TAX AND USE REPORT

TRANSFER OF TITLE ☐ PURCHASER HOLDS VALID  
IS EXEMPT FROM ☐ EXEMPTION CERTIFICATE  
FLORIDA SALES OR ☐ VEHICLE / VESSEL WILL BE  
USE TAX FOR THE ☐ USED EXCLUSIVELY FOR RENTAL  
REASON(S) CHECKED ☐ OTHER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY  
UNPAID BALANCE DUE SELLER, BANK OR OTHERS \$ 0.00

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES \$ 0.00

☐ SELLING PRICE VERIFIED

## APPLICANT CERTIFICATION

I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS  
STATE.

I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.

I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS  
HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE  
FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Applicant/Owner

Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06

SCAN CODE

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES  
THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**DIVISION OF MOTORIST SERVICES**  
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE  
[www.flhsmv.gov/offices/](http://www.flhsmv.gov/offices/)

Customer # 1522270  
Deal # 225649  
Stock # MZ12272

**SEPARATE ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT**

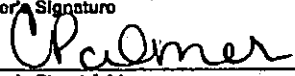
VEHICLE DESCRIPTION					
Vehicle Identification Number <b>JM3KFBDY1R0444334</b>	Year <b>2024</b>	Make <b>MAZD</b>	Color <b>RED</b>	Body <b>UT</b>	Title Number
<b>ODOMETER DISCLOSURE STATEMENT</b>					


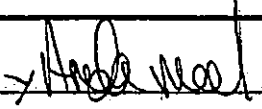
**WARNING:** Federal and State law requires that you state the mileage in connection with an application for a Certificate of Title. Failure to complete or providing a false statement may result in fines and/or imprisonment.

WE STATE THAT THIS ☐ 5 or ☒ 6 DIGIT ODOMETER NOW READS **1 7.xx** (NO TENTHS) MILES,  
DATE READ **04 / 10 / 2024**, AND WE HEREBY CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE  
ODOMETER READING:

- CAUTION:**  
Read carefully before checking a box:
- ☒ 1. REFLECTS ACTUAL MILEAGE.
  - ☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)
  - ☐ 3. IS NOT THE ACTUAL MILEAGE. **WARNING - ODOMETER DISCREPANCY**

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Seller's Signature 		Seller's Printed Name <b>Sandy Sansing Mazda</b>	
Seller's Street Address <b>6105 PENSACOLA BLVD</b>			
City <b>Pensacola</b>		State <b>FL</b>	Zip <b>32505</b>

Buyer's Signature  		Buyer's Printed Name <b>BRIAN GEORGE MARGAVICH / AMANDA LEE MARGAVICH</b>	
Buyer's Street Address <b>10756 TRAILBLAZER WAY</b>			
City <b>PENSACOLA</b>		State <b>FL</b>	Zip <b>32506</b>

**WHO IS AUTHORIZED TO COMPLETE THIS FORM?**

ANY PERSON WHO IS BUYING OR SELLING A MOTOR VEHICLE AND WHO MUST MAKE OR ACKNOWLEDGE AN ODOMETER DISCLOSURE, IN ORDER TO COMPLY WITH STATE OR FEDERAL ODOMETER DISCLOSURE LAW.

**WHEN SHOULD THIS FORM BE USED?**

1. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN SOLD.
2. WHEN A MOTOR VEHICLE, FOR WHICH AN ODOMETER DISCLOSURE IS REQUIRED, HAS BEEN PURCHASED.
3. WHEN AN ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT BETWEEN THE BUYER AND THE SELLER IS REQUIRED, BUT NO ODOMETER DISCLOSURE STATEMENT HAS BEEN MADE ON ANOTHER STATE OR FEDERAL FORM.

**WHEN SHOULD THIS FORM NOT BE USED?**

1. WHEN A FLORIDA TITLE WHICH WAS ISSUED ON OR AFTER APRIL 29, 1990 IS AVAILABLE.
2. WHEN A FORM HSMV 82994, MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT, HAS BEEN USED.
3. WHEN A FORM HSMV 82995, MOTOR VEHICLE DEALER POWER OF ATTORNEY/ODOMETER DISCLOSURE, HAS BEEN USED.
4. WHEN AN OUT-OF-STATE TITLE, WHICH CONFORMS TO FEDERAL LAW, IS USED TO TRANSFER A MOTOR VEHICLE.

**FILING:**

1. COPIES SHOULD BE EXCHANGED BETWEEN THE SELLER AND THE BUYER. DEALERS MUST RETAIN THIS DOCUMENT IN THEIR RECORDS FOR A PERIOD OF FIVE YEARS.
2. IT IS NOT NECESSARY TO FILE THIS FORM OR ANY COPY OF THIS FORM WITH THE STATE OF FLORIDA, UNLESS REQUESTED TO DO SO BY THE DIVISION OF MOTORIST SERVICES.

Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>

STATE OF FLORIDA  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
DIVISION OF MOTORIST SERVICES  
SUBMIT THIS FORM TO YOUR LOCAL TAX COLLECTOR OFFICE  
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Customer # 1522270  
Deal # 225649  
Stock # MZ12272

SEPARATE ODOMETER DISCLOSURE STATEMENT AND ACKNOWLEDGMENT

VEHICLE DESCRIPTION					
Vehicle Identification Number JM3KFB DY1R0444334	Year 2024	Make MAZD	Color RED	Body UT	Title Number
ODOMETER DISCLOSURE STATEMENT					

**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 and/or imprisonment.

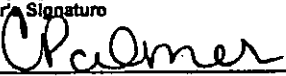
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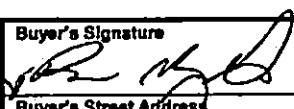
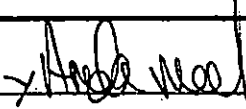
ODOMETER READING:

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Read carefully before  
checking a box.

- ☒ 1. REFLECTS ACTUAL MILEAGE.  
☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS. (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS)  
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UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Seller's Signature 		Seller's Printed Name Sandy Sansing Mazda	
Seller's Street Address 6105 PENSACOLA BLVD			
City Pensacola		State FL	Zip 32505

Buyer's Signature  		Buyer's Printed Name BRIAN GEORGE MARGAVICH / AMANDA LEE MARGAVICH	
Buyer's Street Address 10756 TRAILBLAZER WAY			
City PENSACOLA		State FL	Zip 32506

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Check your local phone book government pages or visit the following website for current mailing addresses: <http://www.flhsmv.gov/offices/>



**Florida** DRIVER LICENSE

**M621-067-80-163-0** CLASS E

**MARGAVICH**  
**BRIAN GEORGE**  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506

DOB 05/03/1980 SEX M  
EXP 05/03/2028 HGT 6'-02"  
EYES NONE HAIR NONE

ISS 02/13/2019  
SDD A761902130100

Operator of a motor vehicle constitutes  
consent to any sobriety test required by law.

DONOR

↑  
*Correct  
Address*



**Florida** DRIVER LICENSE

**M621-012-80-836-0** CLASS E

MARGAVICH  
AMANDA LEE  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506

DOB: 09/16/1980 SEX: F SAFE DRIVER  
EXP: 09/16/2027 HGT: 5'-03"  
EYES: NONE HAIR: NONE

REG: 04/25/2019  
SDA A/61904258096

Operation of a motor vehicle constitutes  
consent to any sobriety test required by law.

DONOR

↑  
Correct  
Address



### Important Information

Here are your Policy Identification Cards

We've provided two (2) cards for each vehicle on your policy.

### Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

If your address changes, update it using the app or log in to [geico.com](https://www.geico.com). By keeping your information up-to-date, you'll continue to receive important policy documents.

BRIAN G MARGAVICH AND AMANDA L  
MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA FL 32506

Cut Along the Dotted Line

Cut Along the Dotted Line

#### Florida Automobile Insurance Identification Card

**GEICO** GOVERNMENT EMPLOYEES INSURANCE  
COMPANY

Policy Number / Florida Code No. Effective Date  
6016-54-05-25/ 09245 02/11/24

☒ [ X ] Personal Injury Protection Benefits/Property Damage Liability ☐ [ X ] Bodily Injury Liability

Named Brian George Margavich

Insured(s) Amanda Lee Margavich

2024 MAZDA CX-5

Vehicle ID No. JM3KFBDY1R0444334

Not valid more than one year from the effective date

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2024 MAZDA CX-5

Additional Drivers

Haley Marie Margavich

#### Florida Automobile Insurance Identification Card

**GEICO** GOVERNMENT EMPLOYEES INSURANCE  
COMPANY

Policy Number / Florida Code No. Effective Date  
6016-54-05-25/ 09245 02/11/24

☒ [ X ] Personal Injury Protection Benefits/Property Damage Liability ☐ [ X ] Bodily Injury Liability

Named Brian George Margavich

Insured(s) Amanda Lee Margavich

2024 MAZDA CX-5

Vehicle ID No. JM3KFBDY1R0444334

Not valid more than one year from the effective date

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2024 MAZDA CX-5

Additional Drivers

Haley Marie Margavich

DEAL# 225649

STOCK# MZ12272

CUST# 1522242

## FLORIDA INSURANCE AFFIDAVIT

Under penalty of perjury, I AMANDA LEE MARGAVICH, BRIAN GEORGE MARGAVICH certify that I have  
(Name of Insured)

Personal Injury Protection, Property Damage Liability, and, when required. Bodily Injury Liability

Insurance current in effect with GEICO under  
(Name of Insurance Company)

6016540525  
(Policy Number)

09245  
(Company Code Number (5 digits))

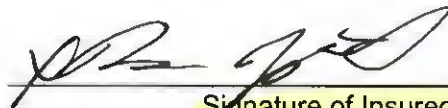
covering the following motor vehicle

2024  
Year

MAZDA  
Make

J M 3 K F B D Y 1 R 0 4 4 4 3 3 4  
Vehicle Identification Number

The insurance company is licensed to issue insurance policies in Florida. I understand that my driver license, license plate(s) and registration(s) will be suspended effective from the registration date, if the insurer denies that this policy is in force.

  
Signature of Insured

**WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN A VEHICLE REGISTRATION CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO PROSECUTION.**

## INSTRUCTIONS FOR ATTACHING DECAL

1. Clean area where new annual decal is to be fixed.
2. Peel decal from this document.
3. Affix decal in the upper right corner of license plate.

60EMYM 09941029

05-25

Mail To:

BRIAN GEORGE MARGAVICH, AMANDA LEE MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506

## IMPORTANT INFORMATION

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used.

For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F. S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on the roads of this state.

S. 320.02 and 627.733, F. S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or by mail to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 04 / 14 T# 1961405133  
B#

## FLORIDA VEHICLE REGISTRATION

PLATE 60EMYM DECAL 09941029 Expires Midnight Sat 05/03/2025

YR/MK	2024/MAZD	BODY	UT	COLOR	RED	Reg. Tax	103.60	Class Code	1
VIN	JM3KFB DY1R0444334			TITLE	154777910	Init Reg.	225.00	Tax Months	13
Plate Type	RGS	NET WT	3856			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
DL/FEID	M621067801630			2nd DL#	M621012808360	Sales Tax		Credit Months	
Date Issued	05/08/2024	Plate Issued	05/08/2024			Voluntary Fees			
						Grand Total	331.60		

## IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

BRIAN GEORGE MARGAVICH, AMANDA LEE  
MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506

RGS - SUNSHINE STATE PLATE ISSUED X

**IMPORTANT INFORMATION**

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle transporting a child in a passenger car, van, autocycle or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide the protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a child booster seat may be used.

For limited exceptions, see s. 316.613, F.S.

S. 320.0605, F. S., requires the registration certificate, or true copy of a rental or lease agreement, issued for any motor vehicle to be in the possession of the operator or carried in the vehicle while the vehicle is being used or operated on the roads of this state.

S. 320.02 and 627.733, F. S., requires personal injury protection and property damage liability to be continuously maintained throughout the registration period. Failure to maintain the mandatory coverage may result in the suspension of your driver license and registration.

Mail To:

**BRIAN GEORGE MARGAVICH**  
**10756 TRAILBLAZER WAY**  
**PENSACOLA, FL 32506**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or by mail to: DHSMV, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 69 / 34 T# 1948753721  
B#

**FLORIDA VEHICLE REGISTRATION**

PLATE **DPS3451** DECAL Expires **Midnight Fri 05/10/2024**

YR/MK	<b>2024/MAZD</b>	BODY	<b>UT</b>	COLOR	<b>RED</b>	Reg. Tax	2.00	Class Code	13
VIN	<b>JM3KFB DY1R0444334</b>			TITLE		Init Reg.		Tax Months	0
Plate Type	<b>TDL</b>	NET WT	<b>3867</b>			County Fee		Back Tax Mos	
DL/FEID	<b>M621067801630</b>					Mail Fee		Credit Class	
Date Issued	<b>04/11/2024</b>	Plate Issued	<b>04/11/2024</b>			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	2.00		

**IMPORTANT INFORMATION**

**BRIAN GEORGE MARGAVICH**  
**10756 TRAILBLAZER WAY**  
**PENSACOLA, FL 32506**

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 30 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

**TDL - PRINT ON DEMAND TEMP PLATE**

## DLRdmv Temporary Tag

Sandy Sansing Mazda TAP

### Vehicle Information

VIN #: JM3KFBDY1R0444334  
Year: 2024  
Make: MAZD  
Color: RED  
Stock #: MZ12272

### Customer Information

Name: BRIAN GEORGE MARGAVICH  
Address: 10756 TRAILBLAZER WAY  
PENSACOLA FL 32506  
FL DL#: M621067801630  
DMV Customer #: 215903442  
DMS Customer #: 1522270

### Registration Information

Temp Tag#: DPS3451  
Registration Exp: 05/10/24  
DLR Code: 18720230 / 59458072  
Deal #: 225649

Sandy Sansing Mazda TAP  
6105 PENSACOLA BLVD  
Pensacola, FL



0 5 1 0 2 4

This tag is verifiable in FCIC/NCIC.

DPS3451

JM3KFBDY1R0444334

RED



## DEAL SUMMARY



GENERATED BY CHARLA PALMER ON 4/11/2024

Dealership	Sandy Sansing Mazda TAP	Deal #/Status	225649 / Issued	
Deal Type	FINANCE	Deal Date	4/10/2024	Registration Fee 0
Transaction	Temp Tag	DLR Code / Log #	18720230 / 59458072	Title Fee 0
Transfer Plate #		Reg Expiration	5/10/2024	Total Fee 0
Issued Plate #	DPS3451 TDL	Replace Plate	NO	
Created By:	CHARLA PALMER			

### VEHICLE

VIN	JM3KFB DY1R0444334	Stock #	MZ12272
Year	2024	New/Used	New
Make	MAZD	Model	CX-5
Color	RED	Vehicle Use	PRIVATE
Body	UTILITY	Registration Use	PRIVATE
Net Weight	3867	GVW	0
Odometer	17	Odometer Reading Date	4/10/2024
Title #	0	Tax Amount	2446.62

### TRADE(S)

### CUSTOMER 1

Customer Type	Individual	Date of Birth	5/3/1980
Dms Customer #	1522270	DMV Customer #	215903442
Name	BRIAN GEORGE MARGAVICH	Driver License #	M621067801630
Residential Address	10756 TRAILBLAZER WAY PENSACOLA FL 32506	Mailing Address	10756 Trailblazer Way Pensacola FL 32506

### CUSTOMER 2

Customer Type	Individual	Date of Birth	9/16/1980
Dms Customer #	1522242	DMV Customer #	215903443
Name	AMANDA LEE MARGAVICH	Driver License #	M621012808360
Residential Address	10756 TRAILBLAZER WAY PENSACOLA FL 32506	Mailing Address	10756 Trailblazer Way Pensacola FL 32506

### LESSOR

None

### LIENHOLDER(S)

Name	TOYOTA MOTOR CREDIT CORP	Cust #/FEID #	208103257 / 953775816 - 7
Address 1	PO BOX 30203	Lien Date	4/10/2024
City, State Zip	COLLEGE STATION TX 77842		

### INSURANCE

Name	GOVERNMENT EMPLOYEES INSURANCE COMPANY	Company Code	9245
Customer Policy #	6016540525	Policy Type	P

SALESMAN

FLINT

INVOICE  
NUMBERSTOCK  
NUMBER

M212272

☒ NEW  
☐ USEDYEAR  
MAKE  
MODEL

24 ALFA ROMEO CTS

CUSTOMER  
NAME

Brian Margulich

VEHICLE  
GROSS

661.50

COMMISSION

INSURANCE  
PREMIUM

COMMISSION

CREDIT  
LIFE  
PREMIUM

COMMISSION

FINANCE

COMMISSION

COMMISSION

COMMISSION

TOTAL  
COMMISSION

200.00

SALES  
MANAGER

DATE

4/10

## COMMISSION VOUCHER





Sandy Sansing Mazda  
6105 Pensacola BLVD  
Pensacola  
FL, 32505  
www.sandysansingmazda.com  
(850) 476-1466  
ask@sandysansing.com

Brian George Margavich  
1522270  
+1-(228) 257-0431  
-  
10756 Trailblazer Way  
Pensacola Escambia FL  
32506

Deal Recap  
225649  
Booked  
Apr 10 2024

2024 Mazda CX-5  
#MZ12272 **New**  
JM3KFB DY1R0444334  
17 mi  
61 days in stock  
Holdback Amount: \$378.00  
0 lb Unladen Weight / 0 lb Gross  
Vehicle WT

MAZDA FINANCIAL SERVICES  
\$774.66/mo  
\$3,500.00 Customer Cash  
\$48,141.30 Amount Financed  
May 25 2024 First Payment Date  
4.9% 4.9% 0% Sell/Buy/Spread  
Term 72 Mo

Dates  
Reserved Date: -  
Sold Date: Apr 11 2024  
Contract Date: Apr 10 2024  
Pre-close Date: -  
Final Accounting Date -

Rebates	Description	Program Code	Amount \$500.00
Deal Rebate 1	2404-MYMOD-MLT-NA-01A   MNAO Military Appreciation	2404-MYMOD-MLT	\$500.00

Front Gross	Description	Sale \$40,845.00	Cost \$39,805.50	Dealer Gross \$1,039.50
Vehicle Sale Menu	MZ12272	\$40,845.00	\$39,805.50	\$1,039.50

Back Gross	Description	Sale \$6,891.00	Cost \$3,722.50	Dealer Gross \$3,168.50
Financial Reserve	MAZDA FINANCIAL SERVICES	\$250.00	-	\$250.00
	Portfolio VSC <sup>3703</sup>	\$2,651.00	\$1,446.00	\$1,205.00
	Portfolio Express Carefree Maintenance <sup>3703</sup>	\$1,200.00	\$976.00	\$224.00
Menu	NAC GAP <sup>3715</sup>	\$849.00	\$389.00	\$460.00
	Portfolio Express Combo <sup>3723</sup>	\$942.00	\$442.00	\$500.00
	CermaPlate <sup>3733</sup>	\$999.00	\$469.50	\$529.50
Total Sales		Sale \$47,736.00	Cost \$43,528.00	Dealer Gross \$4,208.00

Other Charges	Amount \$1,490.85
LEMON LAW FEE	\$2.00
TEMPORARY TAG FEE	\$51.00
PRIVATE TAG AGENCY FEE	\$99.00
ELECTRONIC FILING FEE	\$24.00



Sandy Sansing Mazda  
6105 Pensacola BLVD  
Pensacola  
FL, 32505  
www.sandysansingmazda.com  
(850) 476-1466  
ask@sandysansing.com

Brian George Margavich  
1522270  
+1-(228) 257-0431  
10756 Trailblazer Way  
Pensacola Escambia FL  
32506

Deal Recap  
**225649**  
Booked  
Apr 10 2024

#### Other Charges

	Amount
	\$1,490.85
BATTERY FEE	\$1.50
TIRE FEE	\$5.00
DOCUMENT/SERVICE FEE	\$899.00
RegistrationFee	\$409.35

#### Taxes Charged (7.5 %)

	Amount
	\$3,164.45
Vehicle Sales Tax	\$2,631.92
Document Stamp Tax	\$168.70
Service Contract Tax	\$288.83
County Tax	\$75.00

#### Commissions

Role	Employee	Comm. Plan	Credit %	Base Comm.	Spiff	Total
Salesperson	QUINTON ELIAS (6042)	-	100	-	-	-
Sales Manager	Demarcus Horne (4182)	-	100	-	-	-
F & I Manager	CHARLA PALMER (94118)	-	100	-	-	-
BDC User	REBEKAH CHOINIERE (...)	-	100	-	-	-

#### Summary

Total Dealer Gross Profit	Total Deal Commission	Dealer Net Gross Profit	Holdback
\$4,208.00		\$4,208.00	\$378.00

Total Cost Adjustment	Commissionable Gross
-	

**LAW 553-FL-ARB-eps-14 1/24****RETAIL INSTALLMENT SALE CONTRACT – SIMPLE FINANCE CHARGE  
(WITH ARBITRATION PROVISION)**DEAL# 225649  
STOCK# MZ12272  
CUST# 1522270

Buyer Name and Address <b>BRIAN GEORGE MARGAVICH</b> 10756 TRAILBLAZER WAY PENSACOLA, FL 32506 ESCAMBIA Buyer's Birth Month: MAY Cell: (228) 257-0431 Email:	Co-Buyer Name and Address <b>AMANDA LEE MARGAVICH</b> 10756 TRAILBLAZER WAY PENSACOLA, FL 32506 ESCAMBIA Co-Buyer's Birth Month: SEPTEMBER Cell: (228) 233-6785 Email: <b>BTRFLYPRINCESS@GMAIL.COM</b>	Seller-Creditor (Name and Address) <b>SANDY SANSING MAZDA</b> 6105 PENSACOLA BLVD PENSACOLA, FL 32505
--	--	--

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements in this contract. You agree to pay the Seller-Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis at the Base Rate of **4.90 %** per year. The Truth-In-Lending Disclosures below are part of this contract.

You have thoroughly inspected, accepted, and approved the vehicle in all respects.

Now/Used/ Demo	Year	Make and Model	Weight (lbs.)	Vehicle Identification Number	Primary Use For Which Purchased Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A
NEW	2024	MAZDA CX-5		JM3KFBODY1R0444334	<input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A

You agree that we advised you whether, based on seller's knowledge, the vehicle was titled, registered, or used as a taxicab, police vehicle, short term rental or is a vehicle that is rebuilt or assembled from parts, a kit car, a replica, a flood vehicle, or a manufacturer buy back.

FEDERAL TRUTH-IN-LENDING DISCLOSURES				
ANNUAL PERCENTAGE RATE The cost of your credit as a yearly 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 purchase on credit, including your down payment of \$ <u>4,000.00</u> is
4.9 %	\$ 7,634.22	\$ 48,141.30	\$ 55,775.52	\$ 59,775.52

Returned Payment Charge: If any check or other payment instrument you give us is dishonored or any electronic payment you make is returned unpaid, you will pay a charge of \$25 if the payment amount is \$50 or less; \$30 if the payment amount is over \$50 but not more than \$300; \$40 if the payment amount is over \$300; or such amount as permitted by law.

Florida documentary stamp tax required by law in the amount of \$ 168.70 has been paid or will be paid directly to the Department of Revenue.  
Certificate of Registration No. VI 1023806/1

Your Payment Schedule Will Be: (e) means an estimate

Number of Payments	Amount of Payments	When Payments Are Due
72	774.66	Monthly beginning MONTHLY 05/25/2024
N/A	N/A	N/A

Or As Follows:

N/A

Late Charge. If payment is not received in full within 10 days after it is due, you will pay a late charge of 5 % of each installment.

Prepayment. If you pay early, you may have to pay a penalty.

Security Interest. You are giving a security interest in the vehicle being purchased.

Additional Information: See this contract for more information including information about nonpayment, default, prepayment penalties, any required repayment in full before the scheduled date and security interest.

**SERVICING AND COLLECTION CONTACTS**

In consideration of our extension of credit to you, you agree to provide us your contact information for our servicing and collection purposes. You agree that we may use this information to contact you in writing, by e-mail, or using prerecorded/artificial voice messages, text messages, and automatic telephone dialing systems, as the law allows. You also agree that we may try to contact you in these and other ways at any address or telephone number you provide us, even if the telephone number is a cell phone number or the contact results in a charge to you. You agree to allow our agents and service providers to contact you as agreed above.

You agree that you will, within a reasonable time, notify us of any change in your contact information.

You assign all manufacturer rebates and cash back incentives used as a downpayment on this contract to seller. You agree to complete all documents required for assignment of rebates and incentives.

☐ **VENDOR'S SINGLE INTEREST INSURANCE (VSI Insurance):** If the preceding box is checked, the Creditor requires VSI insurance for the initial term of the contract to protect the Creditor for loss or damage to the vehicle (collision, fire, theft, concealment, skip). VSI insurance is for the Creditor's sole protection. This insurance does not protect your interest in the vehicle. You may choose the insurance company through which the VSI insurance is obtained. If you elect to purchase VSI insurance through the Creditor, the cost of this insurance is \$ N/A and is also shown in Item 5B of the Itemization of Amount Financed. The coverage is for the initial term of the contract.

You authorize us to purchase Vendor's or Lender's Single Interest Insurance.

Buyer Signs X N/A Co-Buyer Signs X N/A Date: N/A

Trade-In Vehicle		Trade-In Vehicle	
Year <u>N/A</u>	Make <u>N/A</u>	Year <u>N/A</u>	Make <u>N/A</u>
Model <u>N/A</u>		Model <u>N/A</u>	
VIN <u>N/A</u>		VIN <u>N/A</u>	
Gross Trade-In Allowance \$ <u>N/A</u>		Gross Trade-In Allowance \$ <u>N/A</u>	
Payoff Made by Seller \$ <u>N/A</u>	(e)	Payoff Made by Seller \$ <u>N/A</u>	(e)
Lienholder <u>N/A</u>		Lienholder <u>N/A</u>	

You assign to Seller all of your rights, title and interest in such trade-in vehicle(s). Except as expressly stated to Seller in writing, you represent that your trade-in vehicle(s) has not been involved in an accident, has not had any major body damage or required any major engine repair, and was not previously used as a taxicab, police vehicle, short term rental or is a vehicle that is rebuilt or assembled from parts, a kit car, a replica, a flood vehicle, or a manufacturer buy back.

Buyer Initials N/A Co-Buyer Initials N/A

**Trade-In Payoff Agreement:** Seller relied on information from you and/or the lienholder or lessor of your trade-in vehicle to arrive at the trade-in payoff amount shown above and in Item 2 of the Itemization of Amount Financed as the Pay Off Made by Seller. You understand that the amount quoted is an estimate. Seller agrees to pay the payoff amount shown above and in Item 2 to the lienholder or lessor of the trade-in vehicle, or its designee. If the actual payoff amount is more than the amount shown above and in Item 2 you must pay the Seller the excess on demand. If the actual payoff amount is less than the amount shown above and in Item 2 Seller will refund to you any overage Seller receives from your prior lienholder or lessor. Except as stated in the "NOTICE" on page 4 of this contract, any assignee of this contract will not be obligated to pay the Pay Off Made by Seller shown above and in Item 2 or any refund.

Buyer Signature X N/A Co-Buyer Signature X N/A

Buyer Initials X BGM Co-Buyer Initials X AM

## ITEMIZATION OF AMOUNT FINANCED

1 Cash Price (including \$ 2,631.92 sales tax) \$ 44,399.92 (1)

2 Total Downpayment =

Gross Trade-In Allowance \$ N/A

Less Pay Off Made By Seller (o) \$ N/A

Equals Net Trade In \$ N/A

+ Cash \$ 3,500.00

+ Other N/A

+ Other REBATES

(If total downpayment is negative, enter "0" and see 5J below)

3 Unpaid Balance of Cash Price (1 minus 2) \$ 4,000.00 (2)

4 Predelivery Service Fees \$ 40,399.92 (3)

A Predelivery Service Charge \$ N/A

B Electronic Registration Filing Fee \$ N/A

C N/A \$ N/A

These charges represent costs and profit to the dealer for items such as inspecting, cleaning, and adjusting vehicles, and preparing documents related to the sale.

Total Predelivery Service Fees \$ N/A (4)

5 Other Charges Including Amounts Paid to Others on Your Behalf (Seller may keep part of those amounts):

A Cost of Optional Credit Insurance Paid to Insurance Company or Companies, Life \$ N/A

Disability \$ N/A

B Vendor's Single Interest Insurance Paid to Insurance Company \$ N/A

C Other Optional Insurance Paid to Insurance Company or Companies \$ N/A

D Optional Gap Contract \$ 849.00

E Official Fees Paid to Government Agencies \$ N/A

F Government Documentary Stamp Taxes \$ 168.70

G Government Taxes Not Included in Cash Price \$ 363.83

H Government License and/or Registration Fees \$ 460.35

LICENSE AND REGISTRATION \$ N/A

I Government Certificate of Title Fees \$ N/A

J Other Charges (Seller must identify who is paid and describe purpose)

to N/A for Prior Credit or Lease Balance (e) \$ N/A

to FL for LEMON LAW FEE \$ 2.00

to PORTFOLIO for PORTFOLIO EXPRESS CAREFREE MAINTENANCE \$ 1,200.00

to PORTFOLIO for CERMAPLATE \$ 999.00

to PORTFOLIO for PORTFOLIO EXPRESS COMBO \$ 942.00

to PORTFOLIO for PORTFOLIO VSC \$ 2,651.00

to FL for PRIVATE TAG FEE \$ 99.00

to FL for TIRE FEE \$ 5.00

to FL for BATTERY FEE \$ 1.50

to N/A for N/A \$ N/A

Total Other Charges and Amounts Paid to Others on Your Behalf \$ 7,741.38 (5)

6 Loan Processing Fee Paid to Seller (Prepaid Finance Charge) \$ N/A (6)

7 Amount Financed (3 plus 4 plus 5) \$ 48,141.30 (7)

8 Principal Balance (6+7) \$ 48,141.30 (8)

OPTION: ☐ You pay no finance charge if the Amount Financed, item 7, is paid in full on or before N/A Year N/A. SELLER'S INITIALS Carla B...

OPTIONAL GAP CONTRACT. A gap contract (debt cancellation contract) is not required to obtain credit and will not be provided unless you sign below and agree to pay the extra charge. If you choose to buy a gap contract, the charge is shown in item 5D of the Itemization of Amount Financed. See your gap contract for details on the terms and conditions it provides. It is a part of this contract.

Term 72 Mos. NAC GAP

I want to buy a gap contract. Name of Gap Contract a f p

Buyer Signs X a f p

Other Optional Insurance

☐ N/A Type of Insurance N/A Term N/A

Premium \$ N/A

Ins. Co. Name & Address N/A

☐ N/A Type of Insurance N/A Term N/A

Premium \$ N/A

Ins. Co. Name & Address N/A

☐ N/A Type of Insurance N/A Term N/A

Premium \$ N/A

Ins. Co. Name & Address N/A

☐ N/A Type of Insurance N/A Term N/A

Premium \$ N/A

Ins. Co. Name & Address N/A

LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT.

Insurance. You may buy the physical damage insurance this contract requires from anyone you choose who is acceptable to us. You may also provide the physical damage insurance through an existing policy owned or controlled by you that is acceptable to us. You are not required to buy any other insurance to obtain credit unless the box indicating Vendor's Single Interest Insurance is required is checked on page 1 of this contract. Your choice of insurance providers will not affect our decision to sell you the vehicle or extend credit to you.

If any insurance is included in this contract, policies or certificates from the named insurance companies will describe the terms and conditions.

## Check the insurance you want and sign below:

## Optional Credit Insurance

☐ Credit Life: ☐ Buyer ☐ Co-Buyer ☐ Both

Term N/A

☐ Credit Disability: ☐ Buyer ☐ Co-Buyer ☐ Both

Term N/A

Premium: N/A

Credit Life \$ N/A

Credit Disability \$ N/A

Insurance Company Name N/A

N/A

Home Office Address N/A

N/A

Credit life insurance and credit disability insurance are not required to obtain credit. Your decision to buy or not to buy credit life insurance and credit disability insurance will not be a factor in the credit approval process. They will not be provided unless you sign and agree to pay the extra cost. If you choose this insurance, the cost is shown in item 5A of the Itemization of Amount Financed. Credit life insurance is based on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability insurance does not cover any increase in your payment or in the number of payments.

If the box above is checked to indicate that you want credit life insurance, please read and sign the following acknowledgments:

1. You understand that you have the option of assigning any other policy or policies you own or may procure for the purpose of covering this extension of credit and that the policy need not be purchased from us in order to obtain the extension of credit.

X N/A N/A

Buyer N/A Date N/A

X N/A N/A

Co-Buyer N/A Date N/A

2. You understand that the credit life coverage may be delivered if, at the time of application, you are unable to engage in employment or unable to perform normal activities of a person of like age and sex. (You need not sign this acknowledgement if the proposed credit life insurance policy does not contain this restriction.)

X N/A N/A

Buyer N/A Date N/A

X N/A N/A

Co-Buyer N/A Date N/A

3. You understand that the benefits under the policy will terminate when you reach a certain age and affirm that your age is accurately represented on the application or policy.

X N/A N/A

Buyer N/A Date N/A

X N/A N/A

Co-Buyer N/A Date N/A

Other optional insurance is not required to obtain credit. Your decision to buy or not to buy other optional insurance will not be a factor in the credit approval process. It will not be provided unless you sign and agree to pay the extra cost.

I want the insurance checked in this box.

X N/A N/A

Buyer Signature N/A Date N/A

X N/A N/A

Co-Buyer Signature N/A Date N/A

## OTHER IMPORTANT AGREEMENTS

### 1. FINANCE CHARGE AND PAYMENTS

- a. **How we will figure Finance Charge.** We will treat any Prepaid Finance Charge as fully earned on the date of this contract. We will figure the rest of the finance charge on a daily basis at the Base Rate on the unpaid part of your Principal Balance. Your Principal Balance is the sum of the Amount Financed and the Prepaid Finance Charge, if any.
- b. **How we will apply payments.** We may apply each payment to the earned and unpaid part of the Finance Charge, to the unpaid part of your Principal Balance and to other amounts you owe under this contract in any order we choose as the law allows.
- c. **How late payments or early payments change what you must pay.** We based the Finance Charge, Total of Payments, and Total Sale Price shown on page 1 of this contract on the assumption that you will make every payment on the day it is due. Your Finance Charge, Total of Payments, and Total Sale Price will be more if you pay late and less if you pay early. Changes may take the form of a larger or smaller final payment or, at our option, more or fewer payments of the same amount as your scheduled payment with a smaller final payment. We will send you a notice telling you about these changes before the final scheduled payment is due.
- d. **You may prepay.** You may prepay all or part of your Principal Balance at any time. If the contract is paid in full within six months after the date you sign it, we may impose an acquisition charge, not exceeding \$75, for services performed on your behalf for processing this contract. If you prepay, you must pay the earned and unpaid part of the Finance Charge and all other amounts due up to the date of your payment.
- e. **You may ask for a payment extension.** You may ask us for a deferral of the scheduled due date of all or any part of a payment (extension). If we agree to your request, we may charge you a \$15 extension fee. You must maintain the physical damage insurance required by this contract (see below) during any extension. If you do not have this insurance, we may buy it and charge you for it as this contract says. You may extend the term of any optional insurance you bought with this contract to cover the extension if the insurance company or your insurance contract permits it, and you pay the charge for extending this insurance.  
If you get a payment extension, you will pay additional finance charges at the Base Rate on the amount extended during the extension. You will also pay any additional insurance charges resulting from the extension, and the \$15 extension fee if we charge you this fee.

### 2. YOUR OTHER PROMISES TO US

- a. **If the vehicle is damaged, destroyed, or missing.** You agree to pay us all you owe under this contract even if the vehicle is damaged, destroyed, or missing.
- b. **Using the vehicle.** You agree not to remove the vehicle from the U.S. or Canada, or to sell, rent, lease, or transfer any interest in the vehicle or this contract without our written permission. You agree not to expose the vehicle to misuse, seizure, confiscation, or involuntary transfer. If we pay any repair bills, storage bills, taxes, fines, or charges on the vehicle, you agree to repay the amount when we ask for it.
- c. **Security Interest.**  
You give us a security interest in:
  - The vehicle and all parts or goods put on it;
  - All money or goods received (proceeds) for the vehicle;
  - All insurance, maintenance, service, or other contracts we finance for you; and
  - All proceeds from insurance, maintenance, service, or other contracts we finance for you. This includes any refunds of premiums or charges from the contracts.This secures payment of all you owe on this contract. It also secures your other agreements in this contract. You will make sure the title shows our security interest (lien) in the vehicle. You will not allow any other security interest to be placed on the title without our written permission.
- d. **Insurance you must have on the vehicle.**  
You agree to have physical damage insurance covering loss of or damage to the vehicle for the term of this contract. The insurance must cover our interest in the vehicle. You agree to name us on your insurance policy as loss payee. If you do not have this insurance, we may, if we choose, buy physical damage insurance. If we decide to buy physical damage insurance, we may either buy insurance that covers your interest and our interest in the vehicle, or buy insurance that covers only our interest. If we buy either type of insurance, we will tell you which type and the charge you must pay. The charge will be the premium for the insurance and a finance charge at the highest rate the law permits. If the vehicle is lost or damaged, you agree that we may use any insurance settlement to reduce what you owe or repair the vehicle.
- e. **What happens to returned insurance, maintenance, service, or other contract charges.** If we obtain a refund of insurance, maintenance, service, or other contract charges, you agree that we may subtract the refund from what you owe.

### 3. IF YOU PAY LATE OR BREAK YOUR OTHER PROMISES

- a. **You may owe late charges.** You will pay a late charge on each late payment as shown on page 1 of this contract. Acceptance of a late payment or late charge does not excuse your late payment or mean that you may keep making late payments.

If you pay late, we may also take the steps described below.

- b. **You may have to pay all you owe at once.** If you break your promises (default), we may demand that you pay all you owe on this contract at once. Default means:
  - You do not pay any payment on time;
  - You give false, incomplete, or misleading information during credit application;
  - You start a proceeding in bankruptcy or one is started against you or your property; or
  - You break any agreements in this contract.The amount you will owe will be the unpaid part of your Principal Balance plus the earned and unpaid part of the Finance Charge, any late charges, and any amounts due because you defaulted.
- c. **You may have to pay collection costs.** If we hire an attorney to collect what you owe, you will pay the attorney's fee and court costs as the law allows. This includes any attorneys' fees we incur as a result of any bankruptcy proceeding brought by or against you under federal law.
- d. **We may take the vehicle from you.** If you default, we may take (repossess) the vehicle from you if we do so peacefully and the law allows it. If your vehicle has an electronic tracking device (such as GPS), you agree that we may use the device to find the vehicle. If we take the vehicle, any accessories, equipment, and replacement parts will stay with the vehicle. If any personal items are in the vehicle, we may store them for you. If you do not ask for these items back, we may dispose of them as the law allows.
- e. **How you can get the vehicle back if we take it.** If we repossess the vehicle, you may pay to get it back (redeem). We will tell you how much to pay to redeem. Your right to redeem ends when we sell the vehicle.
- f. **We will sell the vehicle if you do not get it back.** If you do not redeem, we will sell the vehicle. We will send you a written notice of sale before selling the vehicle.  
We will apply the money from the sale, less allowed expenses, to the amount you owe. Allowed expenses are expenses we pay as a direct result of taking the vehicle, holding it, preparing it for sale, and selling it. Attorney fees and court costs the law permits are also allowed expenses. If any money is left (surplus), we will pay it to you unless the law requires us to pay it to someone else. If money from the sale is not enough to pay the amount you owe, you must pay the rest to us. If you do not pay this amount when we ask, we may charge you interest at a rate not exceeding the highest lawful rate until you pay.
- g. **What we may do about optional insurance, maintenance, service, or other contracts.** This contract may contain charges for optional insurance, maintenance, service, or other contracts. If we demand that you pay all you owe at once or we repossess the vehicle, you agree that we may claim benefits under these contracts and cancel them to obtain refunds of unearned charges to reduce what you owe or repair the vehicle. If the vehicle is a total loss because it is confiscated, damaged, or stolen, we may claim benefits under these contracts and cancel them to obtain refunds of unearned charges to reduce what you owe.

### 4. WARRANTIES SELLER DISCLAIMS

Unless the Seller makes a written warranty, or enters into a service contract within 90 days from the date of this contract, the Seller makes no warranties, express or implied, on the vehicle, and there will be no implied warranties of merchantability or of fitness for a particular purpose.

This provision does not affect any warranties covering the vehicle that the vehicle manufacturer may provide.

5. **Used Car Buyers Guide.** The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.  
Spanish Translation: Guía para compradores de vehículos usados. La información que ve en el formulario de la ventanilla para este vehículo forma parte del presente contrato. La información del formulario de la ventanilla deja sin efecto toda disposición en contrario contenida en el contrato de venta.

### 6. OPTIONAL SERVICE CONTRACTS

You are not required to buy a service contract to obtain credit. Your choice of service contract providers for any service contracts you buy will not affect our decision to sell or extend credit to you.

### 7. REJECTION OR REVOCATION

If you are permitted under Florida's Uniform Commercial Code to reject or revoke acceptance of the vehicle and you claim a security interest in the vehicle because of this, you must either: (a) post a bond in the amount of the disputed balance; or (b) deposit all installment payments as they become due into the registry of a court of competent jurisdiction.

### 8. APPLICABLE LAW

Federal law and the law of the state of Florida apply to this contract.

### 9. NEGATIVE CREDIT REPORT NOTICE

We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Agreement to Arbitrate: By signing below, you agree that, pursuant to the Arbitration Provision on page 5 of this contract, you or we may elect to resolve any dispute by neutral, binding arbitration and not by a court action. See the Arbitration Provision for additional information concerning the agreement to arbitrate.  
Buyer Signs X 2-40 Co-Buyer Signs X 2-40

**SELLER'S RIGHT TO CANCEL** - If Buyer and Co-buyer sign here, the provisions of the Seller's Right to Cancel below, which gives the Seller the right to cancel if Seller is unable to assign this contract within 30 days, will apply. If you fail to return the vehicle within 48 hours after receipt of the notice of cancellation, you agree to pay Seller a charge of \$ 100 per day from the date of cancellation until the vehicle is returned or repossessed.

X  
Buyer Signs

X  
Co-Buyer Signs

**Seller's Right to Cancel**

- a. Seller agrees to deliver the vehicle to you on the date this contract is signed by Seller and you. You understand that it may take a few days for Seller to verify your credit, locate financing for you on the exact terms shown on page 1 of this contract, and assign this contract to a financial institution. You agree that Seller has the number of days stated above to assign this contract. You agree that if Seller is unable to assign this contract within this time period to any one of the financial institutions with whom Seller regularly does business under an assignment acceptable to Seller, Seller may cancel this contract. Seller's right to cancel this contract ends upon assignment of this contract.
- b. If Seller elects to cancel per Paragraph a above, Seller will give you written notice (or in any other manner in which actual notice is given to you). In that event, you may have the option of negotiating and signing a new contract with different financing terms (for example, a larger down payment, a higher annual percentage rate, a required cosigner, etc.) or you may pay with alternate funds arranged by you.
- c. Upon receipt of the notice of cancellation, you must return the vehicle to Seller within 48 hours in the same condition as when sold other than reasonable wear for the time you had it. If Seller has already sold the Trade-In, the Seller will pay you the proceeds of the sale less any reasonable expenses incurred in connection with holding, preparing, reconditioning and selling the Trade-In and any prior credit or lease balance paid by Seller to a prior lienholder or lessor on your behalf.
- d. If you do not return the vehicle within 48 hours after receipt of the notice of cancellation, you agree that Seller may use any lawful means to take it back (including repossession if done peacefully) and you will be liable for all expenses incurred by Seller in taking the vehicle from you, including reasonable attorney's fees. If you fail to return the vehicle within 48 hours after receipt of the notice of cancellation, you agree to pay Seller the charge shown in the Seller's Right to Cancel provision above for each day you do not return the vehicle after receipt of the notice of cancellation.
- e. While the vehicle is in your possession, all terms of this contract, including those relating to use of the vehicle and insurance for the vehicle, are in full force and you assume all risk of loss or damage to the vehicle. You must pay all reasonable costs for repair of any damage done to the vehicle while the vehicle is in your possession. Seller may deduct from any consideration due to you under paragraph c. above Seller's reasonable costs to repair the vehicle and any daily charges you incur if you fail to return the vehicle within 48 hours after receipt of the notice of cancellation. If Seller cancels this contract, the terms of this Seller's Right to Cancel provision (including those above) remain in effect even after you no longer have possession of the vehicle.

**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.**

The preceding NOTICE applies only to goods or services obtained primarily for personal, family or household use. In all other cases, Buyer will not assert against any subsequent holder or assignee of this contract any claims or defenses the Buyer (debtor) may have against the Seller, or against the manufacturer of the vehicle or equipment obtained under this contract.

**ARBITRATION PROVISION****PLEASE REVIEW - IMPORTANT - AFFECTS YOUR LEGAL RIGHTS**

- 1. EITHER YOU OR WE MAY CHOOSE TO HAVE ANY DISPUTE BETWEEN YOU AND US DECIDED BY ARBITRATION AND NOT IN COURT OR BY JURY TRIAL.**
- 2. IF A DISPUTE IS ARBITRATED, YOU WILL GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS CLAIM YOU MAY HAVE AGAINST US INCLUDING ANY RIGHT TO CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS.**
- 3. DISCOVERY AND RIGHTS TO APPEAL IN ARBITRATION ARE GENERALLY MORE LIMITED THAN IN A LAWSUIT, AND OTHER RIGHTS THAT YOU AND WE WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION.**

Any claim or dispute, whether in contract, tort, statute or otherwise (including the interpretation and scope of this Arbitration Provision, any allegation of waiver of rights under this Arbitration Provision, and the arbitrability of the claim or dispute), between you and us or our employees, agents, successors or assigns, which arises out of or relates to your credit application, purchase or condition of this Vehicle, this contract or any resulting transaction or relationship (including any such relationship with third parties who do not sign this contract) shall, at your or our election, be resolved by neutral, binding arbitration and not by a court action. If federal law provides that a claim or dispute is not subject to binding arbitration, this Arbitration Provision shall not apply to such claim or dispute. Any claim or dispute is to be arbitrated by a single arbitrator only on an individual basis and not as a plaintiff in a collective or representative action, or a class representative or member of a class on any class claim. The arbitrator may not preside over a consolidated, representative, class, collective, injunctive, or private attorney general action. You expressly waive any right you may have to arbitrate a consolidated, representative, class, collective, injunctive, or private attorney general action. You or we may choose the American Arbitration Association ([www.adr.org](http://www.adr.org)) or National Arbitration and Mediation ([www.namadr.com](http://www.namadr.com)) as the arbitration organization to conduct the arbitration. If you and we agree, you or we may choose a different arbitration organization. You may get a copy of the rules of an arbitration organization by contacting the organization or visiting its website.

Arbitrators shall be attorneys or retired judges and shall be selected pursuant to the applicable rules. The arbitrator shall apply governing substantive law and the applicable statute of limitations. The arbitration hearing shall be conducted in the federal district in which you reside unless the Seller-Creditor is a party to the claim or dispute. In which case the hearing will be held in the federal district where this transaction was originated. We will pay the filing, administration, service, or case management fee and the arbitrator or hearing fee up to a maximum of \$5,000, unless the law or the rules of the chosen arbitration organization require us to pay more. You and we will pay the filing, administration, service, or case management fee and the arbitrator or hearing fee over \$5,000 in accordance with the rules and procedures of the chosen arbitration organization. The amount we pay may be reimbursed in whole or in part by decision of the arbitrator if the arbitrator finds that any of your claims is frivolous under applicable law. Each party shall be responsible for its own attorney, expert and other fees, unless awarded by the arbitrator under applicable law. If the chosen arbitration organization's rules conflict with this Arbitration Provision, then the provisions of this Arbitration Provision shall control. Any arbitration under this Arbitration Provision shall be governed by the Federal Arbitration Act (9 U.S.C. §§ 1 et seq.) and not by any state law concerning arbitration. Any award by the arbitrator shall be in writing and will be final and binding on all parties, subject to any limited right to appeal under the Federal Arbitration Act.

You and we retain the right to seek remedies in small claims court for disputes or claims within that court's jurisdiction, unless such action is transferred, removed or appealed to a different court. Neither you nor we waive the right to arbitrate any related or unrelated claims by filing any action in small claims court, or by using self-help remedies, such as repossession, or by filing an action to recover the vehicle, to recover a deficiency balance, or for individual or statutory public injunctive relief. Any court having jurisdiction may enter judgment on the arbitrator's award. This Arbitration Provision shall survive any termination, payoff or transfer of this contract. If any part of this Arbitration Provision, other than waivers of class rights, is deemed or found to be unenforceable for any reason, the remainder shall remain enforceable. You agree that you expressly waive any right you may have for a claim or dispute to be resolved on a class basis in court or in arbitration. If a court or arbitrator finds that this class arbitration waiver is unenforceable for any reason with respect to a claim or dispute in which class allegations have been made, the rest of this Arbitration Provision shall also be unenforceable.

**The Annual Percentage Rate may be negotiable with the Seller. The Seller may assign this contract and retain its right to receive a part of the Finance Charge.**

**HOW THIS CONTRACT CAN BE CHANGED.** This contract contains the entire agreement between you and us relating to this contract. Any change to this contract must be in writing and we must sign it. No oral changes are binding. Buyer Signs X Date 04/10/2024 Co-Buyer Signs X Date 04/10/2024  
If any part of this contract is not valid, all other parts stay valid. We may delay or refrain from enforcing any of our rights under this contract without losing them. For example, we may extend the time for making some payments without extending the time for making others.  
See the rest of this contract for other important agreements.

**NOTICE TO THE 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.

You agree to the terms of this contract. You confirm that before you signed this contract, we gave it to you, and you were free to take it and review it. You acknowledge that you have read all pages of this contract, including the arbitration provision above, before signing below. You confirm that you received a completely filled-in copy when you signed it.

Buyer Signs X Date 04/10/2024 Co-Buyer Signs X Date 04/10/2024

If the "business" use box is checked in "Primary Use for Which Purchased": Print Name N/A Title N/A  
Co-Buyers and Other Owners — A co-buyer is a person who is responsible for paying the entire debt. An other owner is a person whose name is on the title to the vehicle but does not have to pay the debt. The other owner agrees to the security interest in the vehicle given to us in this contract.

Other owner signs here X N/A Address N/A  
Seller Signs SANDY SANSING MAZDA Date 04/10/2024 By X Title F&I MANAGER

Seller assigns its interest in this contract to MAZDA FINANCIAL SERVICES (Assignee) under the terms of Seller's agreement(s) with Assignee.

☐ Assigned with recourse ☒ Assigned without recourse ☐ Assigned with limited recourse

Seller SANDY SANSING MAZDA By X Title MANAGER





Deal #: 225649  
Stock #: MZ12272  
Customer #: 1522270  
Payment Receipt  
**\$3,500.00**

## Thank you BRIAN

We appreciate your business with us!

<b>1. Payment</b> Thu Apr 11 2024   11:19 AM	<b>Paid at Dealership</b> Check — 482	<b>Received By</b> CHARLA PALMER	<b>\$3,500.00</b>
<b>Total Payment</b>			<b>\$3,500.00</b>
Total Invoice			\$3,500.00
Total Surcharge			\$0.00
Amount Due			\$0.00

Bill to  
**Brian George Margevich**  
(228) 257-0431

**Sandy Sansing Mazda**  
6105 Pensacola BLVD  
Pensacola  
FL, 32505  
[www.sandysansingmazda.com](http://www.sandysansingmazda.com)  
8504761466  
[ask@sandysansing.com](mailto:ask@sandysansing.com)





**Sandy Sansing Mazda**  
6105 Pensacola BLVD Pensacola, FL, 32505  
(850) 476 - 1466

**Cash Receipt**  
**\$3,500.00**

Cash Receipt #: 81876  
Payment Method: Check  
Created By: 94118 - CHARLA PALMER  
04/11/24 11:08 AM

1522270 - BRIAN MARGAVICH  
(228) 257 - 0431  
Pensacola, FL

GL Account	Amount	Control No.	Control 2	Posting Description
1010H - VEHICLE CLEARING ACCT	\$3,500.00	81876	MZ12272	Down Payment
1110 - VEHICLE ACCTS REC	-\$3,500.00	MZ12272	BRIAN MARGAV ICH	Down Payment Clearing



**Sandy Sansing Mazda**  
6105 Pensacola BLVD Pensacola, FL, 32505  
(850) 476 - 1466

**Cash Receipt**  
**\$3,500.00**

Cash Receipt #: 81876  
Payment Method: Check  
Created By: 94118 - CHARLA PALMER  
04/11/24 | 11:08 AM

1522270 - BRIAN MARGAVICH  
(228) 257 - 0431  
Pensacola, FL

GL Account	Amount	Control No.	Control 2	Posting Description
1010H - VEHICLE CLEARING ACCT	\$3,500.00	81876	MZ12272	Down Payment
1110 - VEHICLE ACCTS REC	-\$3,500.00	MZ12272	BRIAN MARGAV ICH	Down Payment Clearing

AMANDA L MARGAVICH  
BRIAN G MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506-9770

12122221

482

30-7426/3140

April 10, 2024

Date

Pay to the  
Order of

Sandy Sansing Mazda

\$3,500.00

three thousand five hundred dollars and 00/100

Dollars



ATM  
Safe  
Deposit  
Details on back



USAA FEDERAL SAVINGS BANK  
10750 McDERMOTT FWY  
SAN ANTONIO, TEXAS 78288-0544  
(210) 456-8000 1-800-832-3724

For

Brian G. Margavich

MP

⑆314074269⑆

TRANSFER ROUTING NUMBER

⑆53175476⑆ 0482

ACCOUNT NUMBER



DEAL# 225649  
STOCK# MZ12272  
CUST# 1522270

## Hope Scholarship Program Contribution Election

DR-HS1  
R. 10/19  
Rule 12A-1.097, F.A.C.  
Effective 10/19  
Page 1 of 1

The Hope Scholarship Program (Program) provides a public-school student who was subjected to an incident of violence or bullying at school the opportunity to apply for a scholarship to attend an eligible private school rather than remain in an unsafe school environment.

When you purchase or register a motor vehicle qualifying for the Program in Florida, you may designate \$105 per vehicle to an eligible nonprofit scholarship-funding organization participating in the Program. If the state sales tax due is less than \$105, you may designate the amount of state sales tax due. Your motor vehicle dealer, county tax collector, or private tag agent will remit your contribution to the organization and remit the remaining state sales tax and surtax to the Florida Department of Revenue.

Eligible contributions are used to fund scholarships for the Hope Scholarship Program. Contributions may also be used to fund scholarships for the Florida Tax Credit Scholarship Program, which provides a low-income student the opportunity to apply for a scholarship to attend an eligible private school.

**To make your contribution to the Program, complete the following. Sign and date.**

Eligible Nonprofit Scholarship-Funding Organization: <b>Step Up for Students, Inc.</b>		Contribution Amount (Lesser of \$105, or state sales tax due): <i>N/A</i>	
Vehicle Owner's Name: <b>BRIAN GEORGE MARGAVICH</b>			
Mailing Address: <b>10756 TRAILBLAZER WAY</b>			
City: <b>PENSACOLA</b>		State: <b>FL</b>	ZIP: <b>32506</b>
Vehicle Co-Owner's Name: <b>AMANDA LEE MARGAVICH</b>			
Mailing Address: <b>10756 TRAILBLAZER WAY</b>			
City: <b>PENSACOLA</b>		State: <b>FL</b>	ZIP: <b>32506</b>
Vehicle Year: <b>2024</b>	Vehicle Manufacturer: <b>MAZDA</b>	Vehicle Identification Number: <b>JM3KFB DY1R0444334</b>	
Signature of Owner: <i>[Signature]</i>		Date: <b>04/10/2024</b>	
Signature of Co-Owner*: <i>[Signature]</i>		Date: <b>04/10/2024</b>	

\* For vehicles purchased by more than one person, the signature of the owner and the co-owner is required when the owners' names are joined by "and" on the vehicle title or registration. When the owners' names are joined by "or" on the vehicle title or registration, the signature of one owner is required.

**Motor vehicle dealers, county tax collectors, and private tag agencies:** Retain this form in your records when a contribution to the Hope Scholarship Program is indicated on the form.

For use by motor vehicle dealer, county tax collector, or private tag agency.
---



8105 PENSACOLA BLVD  
PENSACOLA, FL 32505  
(850) 476-1466

SOLD TO BRIAN GEORGE MARGAVICH, AMANDA LEE MARGAVICH

ADDRESS 10756 TRAILBLAZER WAY  
PENSACOLA FL 32506

DEAL# 225649

CUST# 1522270

YEAR	MAKE	BODY STYLE & MODEL	NEW OR USED	VEHICLE IDENT OR SERIAL NO
2024	MAZDA	WAGON 4 DR. CX-5	NEW	JM3KFB DY1R0444334
SALESMAN QUINTON ELIAS		MILEAGE 17	COLOR SOUL RED CRYSTAL ME	

INSURANCE COVERAGE INCLUDES

FIRE & THEFT ☐ PUBLIC LIABILITY - AMT. ☐  
COLLISION - AMT. DEDUCTIBLE ☒ PROPERTY DAMAGE - AMT ☐

GROUP	DESCRIPTION	PRICE
OPTIONAL EQUIPMENT AND ACCESSORIES		
176		40,845.00
		39,805.50
B2.75		1039.50
2863.00		ND (378.00)
		661.50

LIENHOLDER INFO :

TOYOTA MOTOR CREDIT CORP  
PO BOX 105386  
ATLANTA GA 30348

THE SELLER SANDY SANSING MAZDA, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND SANDY SANSING MAZDA NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE VEHICLE.

BUYER(S) SIGNATURE

SELLER'S SIGNATURE

USED VEHICLE TRADED

YEAR	MAKE	BODY STYLE & MODEL	VEHICLE IDENT. OR SERIAL NO.
YEAR	MAKE	BODY STYLE & MODEL	VEHICLE IDENT. OR SERIAL NO.

DATE		VEHICLE INVOICE NO		STOCK NO.	
04/10/2024				M212272	
SOURCE		SALES TAX		6 0 4 2	
DESCRIPTION		KEY		SALE	
VEHICLE		C		40,845.00	
DOCUMENTATION FEE		C		899.00	
PORTFOLIO VSC		C		2,651.00	
PORTFOLIO EXPRESS CAREFREE MAINTENANCE		C		1,200.00	
NAC GAP		C		849.00	
CERMAPLATE		C		999.00	
PORTFOLIO EXPRESS COMBO		C		942.00	
TEMPORARY TAG FEE		C		51.00	
LEMON LAW FEE		C		2.00	
PRIVATE TAG FEE		C		99.00	
TIRE FEE		C		5.00	
ELECTRONIC FILING FEE		C		24.00	
BATTERY FEE		C		1.50	
REGISTRATION FEE		C		409.35	
VEHICLE DEAL NO.		I			
SALES TAX		CITY TAX		N/A	
STATE TAX: 0.12		3,009.48		COUNTY TAX: 0.10	
75.00				3,164.45	
LICENSE AND TITLE				N/A	
TOTAL CASH PRICE				52,141.30	
VEH ACCTS RECEIVABLE				500.00	
CASH ON DELIVERY				3,500.00	
TRADE ALLOWANCE				N/A	
LIEN PAYOFF				N/A	
72		PAYMENTS MONTHS 774.66		MEMO DOLLARS	
@		PER MONTH		USED VEHICLE ALLOW	
TOTAL FINANCED				48,141.30	
CONTRACTS IN TRANSIT					
FACTORY REC - SPL VEH INCOME					
DISCOUNT OR OVERALLOWANCE (REF VEH LINE)					
VEHICLE LINE COST OF SALES					
PROTECTION PLAN PAYABLE					
SPEC VEH INC (REF VEH LINE)					
DUE FROM FIN INSTIT - CURRENT					
FIN AND INS INCOME		AUTO		NEW USED 429F 447F	
NEW USED 430F 448F		NON-AUTO		NEW USED 430F 448F	
VALUE OF TRADE		STOCK NO.			
OTHER AUTO 124					
NON-AUTO 127					



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Customer # 1522270

Deal # 225649

Stock # MZ12272

Please submit this form to your local tax collector office or license plate agency.

[www.flhsmv.gov/locations](http://www.flhsmv.gov/locations)

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☒ Original ☐ Transfer

Request to print Certificate of Title: ☒ No ☐ Yes: In office ☐ Yes: Mailed

Off-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)

☐ Recreational Off-Highway Vehicle (ROV)

☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number 215903442	Fleet Number	Unit Number	Owner's County of Residence ESCAMBIA	
Owner Details: Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input checked="" type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Tenancy by the Entirety		<input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> With Rights of Survivorship
Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) BRIAN GEORGE MARGAVICH		Owner's Phone Number (Voluntary)		Owner's Email (Voluntary)
FL DL/ID or FEID/Suffix Number M621067801630	Owner's Mailing Address 10756 Trailblazer Way		City Pensacola	State FL Zip Code 32506
Owner's Residential Street Address 10756 TRAILBLAZER WAY			City PENSACOLA	State FL Zip Code 32506
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex M Date of Birth 05/03/1980
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State FL Zip Code 32506
Co-Owner Details: Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) AMANDA LEE MARGAVICH		Co-Owner's Phone Number (Voluntary)		Co-Owner's Email (Voluntary) btrflyprincess@gmail.com
FL DL/ID or FEID/Suffix Number M621012808360	Co-Owner's/Lessee's Mailing Address 10756 Trailblazer Way		City Pensacola	State FL Zip Code 32506
Co-Owner's/Lessee's Residential Street Address 10756 TRAILBLAZER WAY			City PENSACOLA	State FL Zip Code 32506

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN) JM3KFB DY1R0444334		Florida Title Number		License Plate Number		Previous State of Issue	
Make/Manufacturer MAZD	Model CX-5	Year 2024	Body UT	Color RED	Length Ft. In 3867	Weight	GVW BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other	Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric						

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input checked="" type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # <input checked="" type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB 208103257	Lienholder's Phone Number (Voluntary)	Lienholder's Email (Voluntary)
Date of Lien 04/10/2024	Lienholder's Mailing Address PO BOX 30203	City COLLEGE STATION	State TX Zip Code 77842
Lienholder's Name (If box is not checked, title will be mailed to the first Lienholder.) TOYOTA MOTOR CREDIT CORP		<input type="checkbox"/> Check this box if you, Lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here:	

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? <input checked="" type="checkbox"/> Sale (Price: \$ ) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify):	Inheritance	Date Acquired: 04 / 10 / 2024
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Section 6: 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/we state that this <input type="checkbox"/> 5 or <input checked="" type="checkbox"/> 6-digit odometer now reads 17,000 miles. (No tenths)	Date Read: 04 / 10 / 2024
I/we hereby certify that to the best of my/our knowledge the odometer reading: <input checked="" type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE. <input type="checkbox"/> 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.	



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

**Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)**

Florida Sales Tax Registration Number 2780120489793	Dealer License Number VF10019571	Date of Sale 04/10/2024	Amount of Tax 2446.62	Dealer/Agent Signature <i>[Signature]</i>
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	

**Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION**

This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date 04/10/2024
-------------------------------------	---------------------------	--------------------------------	--------------------

Select which option best represents the certifying inspector:

<input type="checkbox"/> Law Enforcement	Agency Name: _____	Badge Number: _____	<input type="checkbox"/> Florida Notary Public (Stamp or Seal)  Signature: _____
<input checked="" type="checkbox"/> Florida Dealer	Dealer Name: <u>Sandy Sansing Mazda</u>	Dealer Number: <u>VF10019571</u>	
<input type="checkbox"/> FLHSMV	Office Name: _____	User ID/Badge: _____	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name: _____	County/Agency: _____	

**Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)**

The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

☐ Purchaser (state agencies, counties, etc.) holds valid exemption certificate

☐ Vehicle will be used exclusively for rental.

Consumer's Certificate of Exemption Number: \_\_\_\_\_

Sales Tax Registration Number: \_\_\_\_\_

I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:

☐ Inheritance ☐ Gift ☐ Divorce Decree ☐ Transfer between a married couple ☐ Other: \_\_\_\_\_

☐ Even trade or trade down \_\_\_\_\_  
(State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)

**Section 10: REPOSSESSION DECLARATION**

☐ I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

**Section 11: NON-USE AND OTHER CERTIFICATIONS**

If checked, the following certifications are made by the applicant:

☐ I certify that the certificate of title is lost or destroyed.

☐ The vehicle identified will not be operated on the streets and highways of this state until properly registered.

☐ Other: (explain) \_\_\_\_\_

**Section 12: APPLICATION ATTESTMENT AND SIGNATURES**

I/We physically inspected the VIN. (More than one form HSMV 82040 may be used for additional signatures.)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Full Name of Applicant, Owner BRIAN GEORGE MARGAVICH	Signature of Applicant, Owner <i>[Signature]</i>	Date 04/10/2024
---	---	--------------------

Full Name of Applicant, Co-Owner AMANDA LEE MARGAVICH	Signature of Applicant, Co-Owner <i>[Signature]</i>	Date 04/10/2024
--	--	--------------------

**Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)**

The undersigned person(s) state(s) that \_\_\_\_\_ died on \_\_\_\_\_  
(Name of deceased) (Date)

☐ Testate (with a will) ☐ Intestate (without a will) and left the surviving heir(s) named below.

☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

(More than one form HSMV 82040 may be used for additional signatures.)

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
---	--	------

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
---	--	------

That at the time of death the decedent was owner of the motor vehicle described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle to:

Full Name of Applicant	Signature of Applicant	Date
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Full Name of Applicant	Signature of Applicant	Date
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FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Customer # 1522270

Deal # 225649

Stock # MZ12272

Please submit this form to your local tax collector office or license plate agency.

[www.flhsmv.gov/locations](http://www.flhsmv.gov/locations)

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☒ Original ☐ Transfer

Request to print Certificate of Title: ☒ No ☐ Yes: In office ☐ Yes: Mailed

Off-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)

☐ Recreational Off-Highway Vehicle (ROV)

☐ Off-Highway Motorcycle (OHM)

Section 1: OWNER/APPLICANT INFORMATION

Customer Number 215903442	Fleet Number	Unit Number	Owner's County of Residence ESCAMBIA	
Owner Details: Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input checked="" type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <input type="checkbox"/> With Rights of Survivorship		
Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) BRIAN GEORGE MARGAVICH		Owner's Phone Number (Voluntary)		Owner's Email (Voluntary) M
FL DL/ID or FEID/Suffix Number M621067801630	Owner's Mailing Address 10756 Trailblazer Way		City Pensacola	State FL
Owner's Residential Street Address 10756 TRAILBLAZER WAY		City PENSACOLA	State FL	Zip Code 32506
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex M
FL DL/ID or FEID/Suffix Number		Mail To's Address (If different from above mailing address)	City	Date of Birth 05/03/1980
Co-Owner Details: Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) AMANDA LEE MARGAVICH		Co-Owner's Phone Number (Voluntary)		Co-Owner's Email (Voluntary) btrflyprincess@gmail.com
FL DL/ID or FEID/Suffix Number M621012808360	Co-Owner's/Lessee's Mailing Address 10756 Trailblazer Way		City Pensacola	State FL
Co-Owner's/Lessee's Residential Street Address 10756 TRAILBLAZER WAY		City PENSACOLA	State FL	Zip Code 32506

Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN) JM3KFB0Y1R0444334		Florida Title Number		License Plate Number		Previous State of Issue	
Make/Manufacturer MAZD	Model CX-5	Year 2024	Body UT	Color RED	Length Ft. In 3867	Weight 3867	GVW BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other		Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric					

Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input checked="" type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	FEID/Suffix # 208103257	DMV Account #	DL/ID #, Sex and DOB	Lienholder's Phone Number (Voluntary)	Lienholder's Email (Voluntary)
Date of Lien 04/10/2024	Lienholder's Mailing Address PO BOX 30203	City COLLEGE STATION		State TX	Zip Code 77842
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) TOYOTA MOTOR CREDIT CORP			<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here:		

Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? <input checked="" type="checkbox"/> Sale (Price: \$ ) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify):	Inheritance	Date Acquired: 04 / 10 / 2024
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Section 6: 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/we state that this <input type="checkbox"/> 5 or <input checked="" type="checkbox"/> 6-digit odometer now reads 17,000 miles. (No tenths)	Date Read: 04 / 10 / 2024
I/we hereby certify that to the best of my/our knowledge the odometer reading: <input checked="" type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE. <input type="checkbox"/> 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.	





FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

**Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)**

Florida Sales Tax Registration Number 2780120489793	Dealer License Number VF10019571	Date of Sale 04/10/2024	Amount of Tax 2446.62	Dealer/Agent Signature <i>Chalmer</i>
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	

**Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION**

This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date 04/10/2024
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Select which option best represents the certifying inspector:

<input type="checkbox"/> Law Enforcement	Agency Name:	Badge Number:	<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input checked="" type="checkbox"/> Florida Dealer	Dealer Name: <u>Sandy Sansing Mazda</u>	Dealer Number: <u>VF10019571</u>	
<input type="checkbox"/> FLHSMV	Office Name:	User ID/Badge:	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name:	County/Agency:	
			Signature: _____

**Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)**

The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number:	Sales Tax Registration Number:

I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:

<input type="checkbox"/> Inheritance	<input type="checkbox"/> Gift	<input type="checkbox"/> Divorce Decree	<input type="checkbox"/> Transfer between a married couple	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Even trade or trade down _____ (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)				

**Section 10: REPOSSESSION DECLARATION**

☐ I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

**Section 11: NON-USE AND OTHER CERTIFICATIONS**

If checked, the following certifications are made by the applicant:

- ☐ I certify that the certificate of title is lost or destroyed.  
☐ The vehicle identified will not be operated on the streets and highways of this state until properly registered.  
☐ Other: (explain) \_\_\_\_\_

**Section 12: APPLICATION ATTESTMENT AND SIGNATURES**

I/We physically inspected the VIN. (More than one form HSMV 82040 may be used for additional signatures.)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Full Name of Applicant, Owner BRIAN GEORGE MARGAVICH	Signature of Applicant, Owner <i>Brian Margavich</i>	Date 04/10/2024
Full Name of Applicant, Co-Owner AMANDA LEE MARGAVICH	Signature of Applicant, Co-Owner <i>Amanda Margavich</i>	Date 04/10/2024

**Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)**

The undersigned person(s) state(s) that \_\_\_\_\_ died on \_\_\_\_\_  
(Name of deceased) (Date)

- ☐ Testate (with a will) ☐ Intestate (without a will) and left the surviving heir(s) named below.  
☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

(More than one form HSMV 82040 may be used for additional signatures.)

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date

That at the time of death the decedent was owner of the motor vehicle described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date



**Sandy Sansing Mazda**  
6105 Pensacola BLVD Pensacola, FL, 32505  
(850) 476 - 1466

**Payment Advice**  
**\$2.00**

Check #: 81511  
Created by: Lisa Bingle  
05/08/24 | 5:20 PM

Customer: 1522270-BRIAN MARGAVICH

Invoice Number	Amount	Comments
2011	\$2.00	REFUNDED DIFFERENCE IN TAG FEES MZ12272

Posting Lines

GL Account	Amount	Control	Control Description	Control2	Posting Description
1003	-\$2.00	81511	-	1522270 - BRIAN MARGAVICH	REFUNDED DIFFERENCE IN TAG FEES MZ12272
2011	\$2.00	MZ12272	-	1522270 - BRIAN MARGAVICH	REFUNDED DIFFERENCE IN TAG FEES MZ12272



**SANDY SANSING MAZDA**  
6105 Pensacola BLVD  
Pensacola, FL 32505  
(850) 476 - 1466

**ServisFirst Bank**  
Pensacola, FL

81511 61-650  
620

DATE
08MAY24

AMOUNT			
*****2	DOLLARS	00	CENTS

AMOUNT OF CHECK
*****2.00

PAY TO THE ORDER OF  
BRIAN MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA, FL 32506

VOID AFTER 90 DAYS

BY \_\_\_\_\_

BY \*\*\* NOT NEGOTIABLE \*\*\*

\_\_\_\_\_  
AUTHORIZED SIGNATURE



# CUSTOMER DELIVERY CHECKLIST

## ELECTRIFIED VEHICLES

### Connected Services

- ☐ Review and link ChargePoint/Mazda App. Demo how to locate charging stations in the area:  
<https://www.chargepoint.com/mazda>
- ☐ Review EV-specific features like how to set vehicle temperature from the app and how to start vehicle charge
- ☐ Additional information on remote features for electrified vehicles can be found on this video:  
[Remote Features for Electrified Vehicles](#)

### Vehicle Presentation: PHEV

#### Exterior

- ☐ Show the location of L1 travel charger
- ☐ Review Level 2 charger options  
at <https://www.chargepoint.com/mazda>
- ☐ Show how to charge the EV vehicle and how the charge door unlocks
- ☐ Explain charging status LED light indicators
- ☐ Explain how to refuel the PHEV and how the fuel door unlocks
- ☐ Additional information on charging your vehicle can be found on this video:  
[Charging Your Electric Vehicle](#)

#### Interior

- ☐ Review shifter knob and how to put it in park

### Review Eligible EV Incentives

- ☐ Federal and State Tax Credits

More info: <https://www.afdc.energy.gov/fuels/laws/ELEC>

<https://www.irs.gov/newsroom/frequently-asked-questions-about-the-new-previously-owned-and-qualified-commercial-clean-vehicles-credit>

*\*If equipped*

## CX-90 SPECIFIC

### Mazda Connect Infotainment System Overview

- ☐ Review Driver Personalization System\*<sup>+</sup>
- ☐ Review additional Connected Services features like Guest Driver Alert and Remote Security Alert\*
- ☐ Review charge mode button (PHEV)

### Safety (i-ACTIVSENSE)

- ☐ Cruising & Traffic Support<sup>+</sup>
- ☐ Smart Brake Support (Front Crossing, and Turn Across features\*)
- ☐ Rear Seat Alert\*
- ☐ Vehicle Exit Warning\*

\* If the owner purchased a Mazda CX-90 3.3 TURBO S PREMIUM or 3.3 TURBO S PREMIUM PLUS, inform them that Driver Personalization System is a user-enabled feature that uses a driver-facing camera located on the left side of the Mazda Connect Center Display to suggest ideal seating position and, if desired, create a driver profile to save preferences, including seating position. To enable the ideal seating position feature, the camera scans the center point between the driver's eyebrows; no data is stored related to this feature unless the driver elects to create a driver profile and save the seating position. To enable the drivers profile feature, the camera scans facial features and converts them into numeric information (a "Driver Profile"). The next time you get into the vehicle, the camera will automatically check the numeric information of the driver to determine if they match a saved Driver Profile. If a match is found, the vehicle automatically adjusts the driver settings to that saved Driver Profile. The Driver Profile is secured, locally stored on your vehicle only, and is not subject to remote access.

DEALERSHIP	DATE
SANDY SANSING MAZDA	04/11/2024
PRINT SALES CONSULTANT NAME	PRINT CUSTOMER NAME
QUINTON ELIAS	AMANDA MARGAVICH
VIN	CUSTOMER EMAIL
JM3KFBDY1R0444334	btrflyprincess@gmail.com

SALES CONSULTANT SIGNATURE

DATE

CUSTOMER SIGNATURE

DATE

Additional vehicle and owner resources can be found at: [www.mazdausa.com/owners](http://www.mazdausa.com/owners) & [www.MyMazda.com](http://www.MyMazda.com)

# MAZDA CASH BACK FORM



This form is to be used to indicate buyer's choice. (Please type or print)

DEAL# 225649

STOCK# MZ12272

CUST# 1522242

## DEALER INFORMATION

Dealer Name

**SANDY SANSING MAZDA**

Dealer Code

**VF10019571-1**

Area Code

Phone Number

**( 8 5 0 ) 4 7 6 - 1 4 6 6**

## BUYER INFORMATION

First Name

**AMANDA**

Middle Initial

**LEE**

Last Name

**MARGAVICH**

Address

**10756 TRAILBLAZER WAY**

Area Code

Phone Number

**(228) 133-6785**

City

**PENSACOLA**

State

**FL**

ZIP Code

**32506**

## NEW VEHICLE INFORMATION

Model

**CX-5**

Trim

**2.5 TURBO PREMIUM PACKAGE**

Year

**2024**

RDR Process Date

VIN

**J M 3 K F B D Y 1 R 0 4 4 4 3 3 4**

Vehicle Option (if applicable: see current program rules)

**N/A**

## SUBMISSION OF CLAIM FOR PAYMENT (All approved payments will be sent to the Dealer)

Mazda Loyalty or Conquest Incentive Program:

**1.**

Amount Claimed:

**\$**

The following must be attached:

☐ Copy of Retail Sales Contract **OR** ☐ Copy of MCS Lease Agreement

Previous

VIN

Customer Special Program Name: (Be specific)

**1. MILITARY APPRECIATION**

Amount Claimed:

**\$ 500**

**2.**

**\$**

**3.**

**\$**

**4.**

**\$**

## IMPORTANT - BUYER AND DEALER SHOULD READ

By signing this form, Buyer and Dealer each confirm that Mazda Motor of America, Inc., d/b/a Mazda North American Operations ("Mazda") should make payment directly to the Dealer. Mazda has no obligation under this program other than to make such payment, and that such obligation exists only if this validation form is accurately completed, and delivered to Mazda Program Headquarters. Buyer and Dealer acknowledge that while Mazda will promptly process this form for payment and attempt to send payment within 30 days of receipt hereof, neither Buyer nor Dealer shall rely on such payment for any purpose (including the making of any payment on a loan secured by the above vehicle). Dealer further acknowledges that the RDR transaction must be received by Mazda from Dealer before this form can be processed, and certifies that the purchaser of the above described vehicle has, in fact, signed this form as buyer.

Buyer and Dealer agree that this agreement may be electronically signed. By Selecting the "I Accept" button, you are signing this agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this agreement for the purposes of validity, enforceability and admissibility. By selecting "I Accept" you consent to be legally bound by this agreement's terms and conditions. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract among you and Dealer and Mazda.

Buyer's Signature:

*[Signature]*

Date: **04/10/2024**

Authorized Dealer's Signature:

*[Signature]*

Date: **04/10/2024**

## IMPORTANT REMINDERS

- Form must include the following to be processed:
  - Copy of Retail Sales or Lease Contract
  - Copy of Original Invoice
  - Buyer Signature
  - Dealer Signature
- Keep copies of all information listed above in the Sales Jacket along with all other required documentation per program rules
- Submit any additional required documents as outlined in the program rules

In order to receive payment from Mazda under this program, this form must be signed by both Buyer and Dealer. For dealer payments, keep this document on file at your dealership. For Customer Special Program payments, please email, fax or mail this form with all other required documentation within 30 days of vehicle sale to:

**Mazda Program Headquarters:  
PO Box 2909, Dept. 9261  
Farmington Hills, MI 48333  
Fax: (248) 848-7305**



# CUSTOMER DELIVERY CHECKLIST

## MYMAZDA APP

- ☒ Download MyMazda App on customer's phone
- ☒ Register customer in MyMazda
- ☒ Review app with focus on "how to" section

## CONNECTED SERVICES \*

- ☒ Review features and functions (WiFi, Remote functions, Apple Watch Integration, etc.)
- ☒ Review Infotainment Center Display reception strength icon
- ☒ Offer and or assist in activating additional information on Mazda Connected Services

Privacy policy can be found at:

[mazdausa.com/site/privacy-connectedservices](http://mazdausa.com/site/privacy-connectedservices)

## SAFETY (i-ACTIVSENSE)

- ☒ Smart Brake Support (automatic emergency braking with Reverse, Rear Crossing\*)
- ☒ Blind Spot Monitoring\* (and Blind Spot Assist\*)
- ☒ Rear Cross Traffic Alert\* (and Rear Cross Traffic Braking\*)
- ☒ Lane Departure Warning (and Lane-keep Assist\*)
- ☐ Emergency Lane Keeping\*
- ☒ Vehicle Exit Warning\*
- ☒ Mazda Radar Cruise Control with Stop & Go\*
- ☐ Traffic Jam Assist\*
- ☒ Driver Attention Alert\*
- ☒ Driver Monitoring\*, \*\*
- ☐ Traffic Sign Recognition\*
- ☐ Active Driving Display\*
- ☐ 360-degree View Monitor/ parking sensors\*

\*\* Inform owner that Driver Monitoring uses a camera in the Mazda Connect screen to detect changes in the driver's eyelid openings and direction of driver's view to estimate drowsiness and inattention and provide safety warnings. No personal information is stored related to this feature.

## MAZDA CONNECT INFOTAINMENT SYSTEM

### Settings

- ☐ Review Center Display settings
- ☐ Set heads up display height
- ☐ Set audio Sound and settings
- ☐ Set Clock
- ☐ Review Vehicle settings
- ☐ Review Qi Wireless Charger\*
- ☐ Review Vehicle settings (locks, signal, lighting)
- ☐ Review Devices settings
- ☐ Review HVAC Controls

*\*If equipped*

## MAZDA CONNECT INFOTAINMENT SYSTEM (continued)

### Communications

- ☒ Wireless Apple CarPlay or Android Auto\*
- ☒ Connect phone and make a call
- ☒ Review voice commands for phone

### Entertainment

- ☒ Explain tool bar options
- ☒ Review Bluetooth audio
- ☒ Save customer's favorite radio station

### Navigation\*

- ☐ Explain tool bar options
- ☐ Plan a route using voice recognition

## VEHICLE PRESENTATION

### Exterior

- ☒ Rear Power Liftgate with programmable height adjustment \*
- ☒ Demonstrate Mazda Keyless Entry and Start System

### Interior

- ☒ Review controls and switch locations (lights, wipers, climate control, etc.)
- ☒ Multi-Information display operation\*
- ☐ Explain Mazda Intelligent Drive mode including EV mode\*
- ☒ Review High Beam Control (and Adaptive Front Lighting System\*)

## PRESENTATION OF OWNER'S MATERIALS

- ☒ Owner's Manual
- ☒ Mazdausa.com Interactive Owner's Manuals
- ☒ Warranty Information Booklet
- Warranty Start Date: 04/11/2024
- ☒ Customer Initials: \_\_\_\_\_
- ☒ Perform Service Introduction
- ☒ Suggested service intervals and set first appointment

STOCK# MZ12272

DEAL# 225649

CUST# 1522270

S1# QUINTON ELIAS

S2#

F & I MGR

LENDER MAZDA FINANCIAL SERVICES

## Dealer Participation Certification Form

Standard Dealer Participation Rate - 2%

Final Dealer Participation Rate - 0%

If the Final Dealer Participation Rate does not equal the Standard Dealer Participation Rate, check the allowable deviation box below and fill in the corresponding blanks.

- ☐ Dealer participation limited by finance source
- ☐ Customer stated monthly payment constraint of \$ \_\_\_\_\_ per month
- ☐ Customer stated competing offer by \_\_\_\_\_ (name) of \_\_\_\_ %
- ☐ Customer qualified Dealership Promotional Financing Campaign
- ☒ Customer qualified for subvented interest rate of 0% from Marusa (name)
- ☐ Customer qualified for Dealership Employee Incentive Program
- ☐ Customer purchased a vehicle that satisfies the Dealership's predetermined inventory reduction criteria (describe how vehicle satisfies the criteria)

I certify that the information above is true and correct to the best of my knowledge and that any deviation from the Standard Dealer Participation Rate was made in good faith and in a manner that is consistent with Sandy Sansing Dealerships Fair Credit Compliance Program.

  
Signature F & I Manager

Printed Name  
04/10/2024

Date  
F&I MANAGER

Title

### Reviewer Certification

I have reviewed the above information and supporting documentation and:

- ☐ certify that the Final Dealer Participation Rate complies with the Sandy Sansing Dealerships Fair Credit Compliance Program, or
- ☐ certify that I have initiated the corrective action noted below.
- Reduced the customer's interest rate to \_\_\_\_% or provided a refund to the customer in the amount of \$ \_\_\_\_\_.
  - Taken the following employee corrective action (describe):

- Other (describe):

  
Signature

Emory Shelley  
Printed Name  
04/10/2024

Date  
GENERAL MANAGER

Title



Sandy Sansing Mazda  
6105 Pensacola BLVD  
Pensacola  
FL, 32505  
www.sandysansingmazda.com

Deal # 225649    Customer # 1522242    Contact Sales: (850) 476 - 1466  
ask@sandysansing.com    QE

Amanda Margavich  
+1-(228) 233 - 6785 | btrflyprincess@gmail.com  
Pensacola, 32506

2024 Mazda CX-5  
2.5 Turbo Premium Package  
VIN : JM3KFB DY1R0444334 | Stock # : MZ12272  
Mileage : 2 mi  
Color : SOUL RED CRYSTAL METALLIC

Cash	
\$0.00 Customer Cash	\$44,941.97

Payment Detail	
Market Price	\$44,340.00
Discount	\$3,495.00
Selling Price	\$40,845.00
Accessories	\$0.00
Taxes (7.5%)	\$2,590.47
DMV/Registration	\$602.50
Documentation Fees	\$899.00
Other Fees	\$5.00
Amount Financed	\$44,941.97

X  
Customer Signature & Date

X  
QUINTON ELIAS | Manager Signature & Date

Payments offered here are all subject to final credit approval from the lending institution. Vehicle Price does not include accessories and is before Taxes and/or applicable fees. Leases in some cases require additional cash for Security Deposit, and at Lease's End, Lessee is responsible for \$0.25 per Mile over 0 Miles per year and a Disposition Fee of \$495.00. Wear and tear guidelines apply. All prices, specifications, and availability subject to change without notice.

## OFAC Verification Results

**Customer:** BRIAN G. MARGAVICH

### Customer Information

Full Name	Address	SS#
BRIAN G. MARGAVICH	10756 TRAILBLAZER WAY PENSACOLA, FL, 32506	***-**-3706

### OFAC Verification Results

Date	Status	OFAC Detail
04/11/2024 11:23:23	Complete	No Match on OFAC



**ID Verification Results****Customer:** BRIAN G. MARGAVICH**Customer Information**

Full Name	Address	SS#
BRIAN G. MARGAVICH	10756 TRAILBLAZER WAY PENSACOLA, FL, 32506	***-**-3706

**ID Verification Summary**

Red flags Result	Status	Date	Red flags Detail
Pass	Complete. A low level of risk exists.	04/11/2024 11:23:22	<ul style="list-style-type: none"><li>• Identity located on primary data source - good match.</li><li>• First Name is validated</li><li>• Last Name is validated</li><li>• Date of birth is validated.</li><li>• Social Security Number is validated.</li><li>• Phone number not validated.</li><li>• <b>WARNING:</b> Inquiry address has been associated with more than one name or Social Security Number. Thorough verification suggested</li><li>• Verifiable match found on consumer's current address.</li><li>• <b>WARNING:</b> Inquiry telephone number may belong to a mobile phone.</li></ul>

Synthetic ID Fraud Result	Date	Synthetic ID Fraud Detail

Fraud Risk	Date	Fraud Details
Medium	04/11/2024 11:23:22	SSN Fraud Warning

## OFAC Verification Results

**Customer:** AMANDA L. MARGAVICH

### Customer Information

Full Name	Address	SS#
AMANDA L. MARGAVICH	10756 TRAILBLAZER WAY PENSACOLA, FL, 32506	***-**-1985

### OFAC Verification Results

Date	Status	OFAC Detail
04/11/2024 11:32:42	Complete	No Match on OFAC

## ID Verification Results

**Customer:** AMANDA L. MARGAVICH**Customer Information**

Full Name	Address	SS#
AMANDA L. MARGAVICH	10756 TRAILBLAZER WAY PENSACOLA, FL, 32506	***-**-1985

**ID Verification Summary**

Red flags Result	Status	Date	Red flags Detail
Fail	Incomplete. A high level of risk exists.	04/11/2024 11:32:42	<ul style="list-style-type: none"><li>Elevated use of Address by different individuals detected.</li><li>Identity located on primary data source - good match.</li><li>First Name is validated</li><li>Last Name is validated</li><li>Date of birth is validated.</li><li>Social Security Number is validated.</li><li>Phone number not validated.</li><li>WARNING: Inquiry address has been associated with more than one name or Social Security Number. Thorough verification suggested</li><li>Verifiable match found on consumer's current address.</li><li>WARNING: Inquiry telephone number may belong to a mobile phone.</li></ul>

Synthetic ID Fraud Result	Date	Synthetic ID Fraud Detail

Fraud Risk	Date	Fraud Details
Medium	04/11/2024 11:32:42	SSN Fraud Warning

**Out-Of-Wallet Results**

Customer Information	Response	Date	Result
AMANDA L. MARGAVICH, 10756 TRAILBLAZER WAY, PENSACOLA, FL, 32506 SS# ***-**-1985	Customer correctly answered 4 out of 4 questions .	April 11, 2024, 8:32 p.m.	Complete



Sandy Sansing Mazda  
6105 Pensacola BLVD  
Pensacola  
FL, 32505  
www.sandysansingmazda.com

Deal # 225649 Customer # 1522242 Contact Sales: (850) 476 - 1466  
sk@sandysansing.com

QUINTON ELIAS

QE

**Amanda Margavich**

+1-(228) 233 - 6785 | btrflyprincess@gmail.com  
Pensacola, 32506

**2024 Mazda CX-5**

2.5 Turbo Premium Package

VIN : JM3KFB DY1R0444334 | Stock # : MZ12272

Mileage : 2 mi

Color : SOUL RED CRYSTAL METALLIC

**Cash**

**\$0.00**

Customer Cash

**\$44,941.97**

**Payment Detail**

Market Price	\$44,340.00
Discount	\$3,495.00
Selling Price	\$40,845.00
Accessories	\$0.00
Taxes (7.5%)	\$2,590.47
DMV/Registration	\$602.50
Documentation Fees	\$899.00
Other Fees	\$5.00
Amount Financed	\$44,941.97

X

Customer Signature & Date

X

QUINTON ELIAS | Manager Signature & Date

Payments offered here are all subject to final credit approval from the lending institution. Vehicle Price does not include accessories and is before Taxes and/or applicable fees. Leases in some cases require additional cash for Security Deposit, and at Lease's End, Lessee is responsible for \$0.25 per Mile over 0 Miles per year and a Disposition Fee of \$495.00. Wear and tear guidelines apply. All price, specifications, and availability subject to change without notice.



6105 Pensacola Blvd.  
Pensacola, Florida 32505  
PHONE: (850) 476-1466

### CUSTOMER'S STATEMENT - PLEASE PRINT

Check ☐ **Individual Credit** - Applying for credit in your own name and relying on your own income or assets and not the income of another person as the basis for repayment of the credit requested (Complete Section A)  
Appropriate ☐ **Joint Credit** - Applying for joint credit with another person (Complete Sections A and B). Relationship to joint applicant or other party, if any  
Box ☐ **Individual Credit** - Applying for credit in your own name but relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested. (Complete Sections A and B).

PRINT FULL NAME	FIRST	MIDDLE	LAST	Jr.	Sr.	SOC. SEC. NO.	DATE OF BIRTH	HOME PHONE NO.											
Brian	George	Margavich				25553706	5/3/80	228-257-0431											
PRESENT ADDRESS	NUMBER AND STREET					CITY	COUNTY	ST	ZIP CODE	LIVED THERE									
10756 Trailblazer Way										Pensacola	Escambia	FL	32506	5	2				
LANDLORD OR MORTGAGE HOLDER NAME AND PHONE NUMBER										MO. PYMT OR RENT \$									
Loan Depot										866-258-6572					\$1750				
PREVIOUS HOME ADDRESS	NUMBER AND STREET					CITY	COUNTY	ST	ZIP CODE	LIVED THERE									
EMPLOYED BY	NAME	BUSINESS ADDRESS, NUMBER AND STREET				CITY	STATE	HOW LONG	BUSINESS PHONE										
<input type="checkbox"/> SELF								YEARS	MONTHS										
<input checked="" type="checkbox"/> OTHERS	retired military																		
TRADE OR OCCUPATION	SALARY OR WAGES				NAME OF PREVIOUS EMPLOYER				ADDRESS				NO. YRS.						
	\$50,722.40				USAF														

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.

TYPE OF OTHER INCOME	SOURCE	MONTHLY AMOUNT \$
PREVIOUS JOB HISTORY	ADDRESS	BUS. PHONE #

### JOINT BUYER

PRINT FULL NAME	FIRST	MIDDLE	LAST	Jr.	Sr.	SOC. SEC. NO.	DATE OF BIRTH	HOME PHONE NO.											
Aminda	Lee	Magsvich				369881985	9/16/80	228-233-6785											
PRESENT ADDRESS	NUMBER AND STREET					CITY	COUNTY	ST	ZIP CODE	LIVED THERE									
10756 Trailblazer Way										Pensacola	Escambia	FL	32506	5	2				
LANDLORD OR MORTGAGE HOLDER NAME AND PHONE NUMBER										MO. PYMT OR RENT \$									
Loan Depot										866-258-6572					\$1750				
PREVIOUS HOME ADDRESS	NUMBER AND STREET					CITY	COUNTY	ST	ZIP CODE	LIVED THERE									
EMPLOYED BY	NAME	BUSINESS ADDRESS, NUMBER AND STREET				CITY	STATE	HOW LONG	BUSINESS PHONE										
<input type="checkbox"/> SELF								YEARS	MONTHS										
<input checked="" type="checkbox"/> OTHERS	Navy / Retired																		
TRADE OR OCCUPATION	SALARY OR WAGES				NAME OF PREVIOUS EMPLOYER				ADDRESS				NO. YRS.						
	\$99,277.40																		

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.

TYPE OF OTHER INCOME	SOURCE	MONTHLY AMOUNT \$
PREVIOUS JOB HISTORY	ADDRESS	BUS. PHONE #

BANK ACCOUNT	NAME OF BANK	BRANCH NAME AND CITY	<input checked="" type="checkbox"/> CHECKING <input checked="" type="checkbox"/> SAVINGS <input type="checkbox"/> NO ACCOUNT	CHECKING ACCOUNT NO.
Checking / Savings	USAA	Texas		0053175476
LAST CAR FINANCED	NAME OF CREDITOR	BALANCE DUE OR DATE PAID	TRADING IN THIS CAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Explorer	USAA	\$44,000		

Automobile insurance is required for the full term of the Contract, at your expense, against the hazards of fire, theft and accidental physical damage (including vandalism). The insurance must protect the interests of you and the lien holder. The policies issued by the insurance company will describe the terms and conditions. If the unpaid balance of cash price as disclosed in the Contract is less than \$2,000, these coverages are not required. YOU MAY CHOOSE THE PERSON THROUGH WHOM ANY INSURANCE IS OBTAINED.

### FAIR CREDIT REPORTING ACT DISCLOSURE

This application for credit sale will be submitted to: \_\_\_\_\_ for purchase or consideration as to whether it meets purchase requirements.

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience.

MONTH PAYMENT DATE DESIRED BY CUSTOMER	APPLICANT SIGNS	JOINT APPLICANT OR OTHER PARTY SIGNS	<input type="checkbox"/> INDIVIDUAL (Check which applies) <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	DATE
		Aminda Lee		



1523798

FINANCIAL  
SERVICES**Decision: Approved by MFS on 04/11/2024 - 10:30 AM****Dealership Name :** SANDY SANSING MAZDA**FS App # :** 1523798**Dealership Number :** 0000023867**RouteOne App # :** 01-1-668317261 0**Submitted by :** PALMER94118 on 04/11/2024 - 10:30 AM**Applicant Name:** MARGAVICH, BRIAN**Co-Applciant Name:** MARGAVICH, AMANDA

Deal Recap	Decision	Application	Additional Deal Information	Decision	Application
Transaction Type	Retail	Retail	Purchase Price	\$41,179.00	
Vehicle	2024 MAZDA CX-5 2.5 T PRAWD	2024 Mazda CX-5 $\Delta$	Sales Price		\$40,845.00
Fuel Type		Gasoline Fuel	Doc Fee		\$899.00
Tier	1+		Rebate		\$500.00
Financed Amount	\$41,179.00	\$41,179.00	TT&L	\$2,735.00	
Cash Down	\$3,500.00	\$3,500.00	Credit Disability		\$0.00
Total Down	\$4,000.00	\$4,000.00	Credit Life		\$0.00
Total Monthly Payment	\$661.00	\$650.00 $\Delta$	GAP		\$0.00
Term	72	72	Svc Contract		\$0.00
Wholesale/Invoice		\$40,020.00	New/Used	NEW	NEW
Customer Rate		3.90%	VIN	JM3KFB DY1R04433	JM3KFB DY1R04433
Buy Rate	4.90%		Mileage	4	4
			MSRP	19	19
					\$41,345.00
			FS Optional Fields		
			Requested Pricing	Special Program Rate	
			SSA Consent	Yes	
			Acknowledgement		

**Stipulations****Comments**

Auto Approved

**LTV Grid**



# Mazda North America Operations Vehicle Invoice

04/11/2024

GULF REGION  
MAZDA MOTOR OF AMERICA, INC.  
HOUSTON, TX 77094

Invoice Date: 12/08/2023  
Invoice No.: 2023120801928

Dealer 23867  
SANDY SANSING MAZDA  
6105 PENSACOLA BLVD  
PENSACOLA, FL 32505

Dealer Bank / Finance Company  
JPMORGAN CHASE BANK, N.A.  
150 W. UNIVERSITY DR. BLDG G  
DEPT. AZ1-5702  
TEMPE, AZ 85281  
Acct #

MODEL	YEAR	VIN	ENGINE NBR	POE	EQP	INVOICE AMT	RETAIL AMT
CX5 PR TXA	2024	JM3KFB DY1R0444334	PY 31534270	JXM35		\$ 36,855.00	\$ 37,800.00
EXTERIOR INTERIOR Equipment	SOUL RED CRYSTAL METALLIC				46V		
	BLACK				KG2		
	ALL STATE EMISSION				AE1	\$ 0.00	\$ 0.00
	BLACK LUG NUTS & BLACK WHEEL LOCKS				BLL	\$ 180.00	\$ 225.00
	CARGO MAT				CGM	\$ 80.00	\$ 100.00
	PORTFOLIO				FOL	\$ 0.00	\$ 0.00
	ILLUMINATED DOOR SILL PLATES				ISP	\$ 400.00	\$ 500.00
	SOUL RED CRYSTAL METALLIC PAINT CHARGE				JCR	\$ 530.00	\$ 595.00
	SIRIUS SATELLITE RADIO				SA3	\$ 0.00	\$ 0.00
	ROOF RAIL & CROSS BAR PKG				1CB	\$ 600.00	\$ 750.00
TURBO PREMIUM PACKAGE				2PR	\$ 0.00	\$ 0.00	
TRANSPORTATION						\$ 1,375.00	\$ 1,375.00
Total Before Applicable Discounts						\$ 40,020.00	\$ 41,345.00
Total Invoice Amount						\$ 40,020.00	\$ 41,345.00

This invoice may not reflect dealer's ultimate vehicle cost given any incentives, rebates, allowances, holdback, etc.

Load Number GU0268163 EPLAN38419  
GU SPLAN40020 DH000378 COOP0990 SMAG0000 SMAD0000



RouteOne® Credit Application: Applicant

Title (optional)	Last Name	First	Middle	Suffix	Date of Birth	Soc. Sec. #
	MARGAVICH	BRIAN	G		06/03/1980	255-55-3706
Present Address Line 1				Time at Present Address		Driver's License # / State
10756 TRAILBLAZER WAY				5 years 2 months		
Present Address Line 2				City	County	State ZIP
				Pensacola	ESCAMBIA	FL 32506-9770
Previous Address Line 1				Time at Previous Address		Present Address Urbanization Code
Previous Address Line 2				City	State	ZIP
Home Phone		Cellular Phone				
(228) 257-0431						
Education						
No. of Dependents		Preferred Email				
Current Employment Title				Employment Status		Employment Type
USAF				Retired		
Current Employer						
Retired						
Current Employer Address Line 1						
Current Employer Address Line 2						
Current Employer Phone Number		Business Ph. Ext. #		Time at Current Job		Business Email Address
(228) 257-0431				2 years 0 months		
Previous Employer		Previous Occupation		Previous Employer Phone Number		Time at Previous Job
Previous Employer Address Line 1						
Previous Employer Address Line 2						
<p>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.</p>						
Gross Income	Income Received	Other Income Source	Other Income	Other Income Received	Monthly Support/Alimony Received	
\$50,722.00	Yearly					
Residence Type						
Buying home						
Landlord Name / Mortgage Co.				Landlord / Mortgage Phone Number		Monthly Rent / Mortgage Payment
						\$875.00
Bank Name					Bank Account Type Code	
Creditor Reference #1 - Name / Address				Creditor Balance #1		Creditor Monthly Payment #1
Creditor Reference #2 - Name / Address				Creditor Balance #2		Creditor Monthly Payment #2
Company Financing Auto Loan		Previous Auto Loan Acct #		Previous Auto Loan Balance		Previous Auto Loan Monthly Payment
Nearest Relative Last Name		First	Nearest Relative Address Line 1		Relationship	Phone #
Nearest Relative Address Line 2						
Additional Reference #1 - Last Name		First Name	Address		City	State ZIP Phone
Additional Reference #2 - Last Name		First Name	Address		City	State ZIP Phone
Bankruptcy Indicator			Bankruptcy Date		Repossession Indicator	
					Repossession Date	

## Credit Application: Co-Applicant

Title (optional)	Last Name	First	Middle	Suffix	Date of Birth	Soc. Sec. #
	MARGAVICH	AMANDA	LEE		09/16/1980	369-88-1985
Present Address Line 1				Time at Present Address		Driver's License # / State
10756 TRAILBLAZER WAY				5 years 2 months		
Present Address Line 2				City	County	State ZIP
				Pensacola	ESCAMBIA	FL 32506-9770
Relationship code		Relationship		Present Address Urbanization Code		
Resides With						
Previous Address Line 1				Time at Previous Address		
Previous Address Line 2				City	State	ZIP
Home Phone		Cellular Phone				
(228) 257-0431						
Education		No. of Dependents	Preferred Email			
Current Employment Title			Employment Status		Employment Type	
USN			Retired			
Current Employer						
Retired						
Current Employer Address Line 1						
Current Employer Address Line 2						
Current Employer Phone Number		Business Ph. Ext. #	Time at Current Job		Business Email Address	
(228) 257-0431			3 years 0 months			
Previous Employer		Previous Occupation		Previous Employer Phone Number		Time at Previous Job
Previous Employer Address Line 1						
Previous Employer Address Line 2						
<p>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.</p>						
Gross Income	Income Received	Other Income Source	Other Income	Other Income Received	Monthly Support/Alimony Received	
\$99,277.00	Yearly					
Residence Type						
Buying home						
Landlord Name / Mortgage Co.			Landlord / Mortgage Phone Number		Monthly Rent / Mortgage Payment	
					\$875.00	
Bank Name					Bank Account Type Code	
Creditor Reference #1 - Name / Address				Creditor Balance #1	Creditor Monthly Payment #1	
Creditor Reference #2 - Name / Address				Creditor Balance #2	Creditor Monthly Payment #2	
Company Financing Auto Loan		Previous Auto Loan Acct #		Previous Auto Loan Balance		Previous Auto Loan Monthly Payment
Bankruptcy Indicator		Bankruptcy Date	Repossession Indicator			Repossession Date

## Credit Application

**Joint Credit Intention Signature**

☒ This is an application for joint credit with another person.

We intend to apply for joint credit.

Applicant: By

Date

April 11, 2024

Co-Applicant: By

Date

11 Apr 2024

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT -**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing this application:

I authorize dealer and any finance company, bank or other financial institution to which the dealer submits my application ("you") to investigate my credit and employment history, verify my income, obtain credit reports, and release information about your credit experience with me as the law permits.

I further authorize you to forward my application and all related information to other creditors for evaluation as a method of effectuating my request for credit.

If an account is created, I authorize you to obtain credit reports for the purpose of reviewing or taking collection action on the account, or for other legitimate purposes associated with the account.

**Authorization for the Social Security Administration to Disclose Your Social Security Number Verification**

I authorize the Social Security Administration (SSA) to verify and disclose to Toyota Motor Credit Corporation through SentiLink Verification Services Corp, their service provider, for the purpose of applying for a vehicle loan whether the name, Social Security Number (SSN) and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next 90 days.

If you sign this credit application electronically, you intend that process to be your electronic signature on an electronic application, acknowledge receipt of all disclosures provided on the credit application, and give your authorization and consent to the recipient(s) of this application to take the actions identified in the credit application, including for SSA to disclose your SSN Verification to Toyota Motor Credit Corporation and SentiLink Verification Services Corp.


**Monitoring, Recording, and Collection Communications**

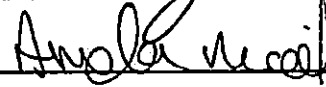
I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me as the law allows. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. I agree you, your affiliates, agents and service providers may do so using any e-mail address or any telephone number I provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

I certify that I have read and agree to the terms of this application and that the information in it is complete and true.

If you sign this credit application electronically, you intend that process to be your electronic signature on an electronic application, acknowledge receipt of all disclosures provided on the credit application, and give your authorization and consent to the recipient(s) of this application to take the actions identified in the credit application.

**Credit Application Signature**

Applicant: By  Date April 11, 2024

Co-Applicant: By  Date 11 Apr 2024

## Credit Application: MFS Federal FCRA (Applicant and Co-applicant)

## MFS Federal FCRA

☐ Check this box if you do not want Mazda Financial Services to share personally identifiable information from your credit application or credit report with affiliates (including automotive, insurance and financial services affiliates), except as otherwise permitted by law.

This credit application may be submitted to Mazda Financial Services, PO Box 30203, College Station, TX 77842-3203 (MFS) for purchase or consideration as to whether it meets purchase guidelines.

The trade name "Mazda Financial Services" and the Mazda and Mazda Financial Services logos are owned by Mazda Motor Corporation (Mazda) or its affiliates and are licensed to Toyota Motor Credit Corporation (TMCC). Retail installment accounts may be owned by TMCC or its securitization affiliates and lease accounts may be owned by Toyota Lease Trust (TLT) or its securitization affiliates. TMCC is the servicer for accounts owned by TMCC, TLT, and their securitization affiliates. Mazda is solely responsible for its products and services and for promotional statements about them and is not affiliated with TMCC or its affiliates. Retail accounts and leases through Mazda Financial Services are subject to credit approval by TMCC.

**Optional Consent**

Applicant:

By signing below, you agree to receive advertisements or telemarketing messages using an automatic telephone dialing system or an artificial or prerecorded voice, on behalf of the dealer, finance source that purchases your retail installment sales contract or lease agreement, or both, at the following telephone number(s): 228-257-0431, 228-257-0431. You further acknowledge that your consent is not required as a condition of applying for or receiving an extension of credit.

Applicant: By Date April 11, 2024

Co-Applicant:

By signing below, you agree to receive advertisements or telemarketing messages using an automatic telephone dialing system or an artificial or prerecorded voice, on behalf of the dealer, finance source that purchases your retail installment sales contract or lease agreement, or both, at the following telephone number(s): 228-257-0431, 228-257-0431. You further acknowledge that your consent is not required as a condition of applying for or receiving an extension of credit.

Co-Applicant: By Date 11 Apr 2024

60PM014BF

# MAINTENANCE

**SANSING  
GROUP****CUSTOMER**

BUYER	CO-BUYER		
BRIAN MARGAVICH	Amanda Margavich		
ADDRESS	CITY	STATE	ZIP
10756 Trailblazer Way	Pensacola	FL	32506
EMAIL	CELL PHONE	ALTERNATE PHONE	
	(228) 257-0431	(228) 257-0431	

**COVERED VEHICLE**

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	NEW / USED	MILEAGE
2024	MAZDA	CX-5	JM3KFBDY1R0444334	New	17

**SELLING DEALER**

DEALER NAME	PHONE		
Sandy Sansing Mazda	(999) 999-9999		
ADDRESS	CITY	STATE	ZIP
6105 Pensacola BLVD	Pensacola	FL	32505

**LIENHOLDER**

LIENHOLDER NAME	PHONE		
Toyota Motor Credit Corp			
ADDRESS	CITY	STATE	ZIP
Po Box 105386	Atlanta	GA	30348

**CONTRACT INFORMATION**

Class: 1	Plan: 5-Year-Advanced
Date of Sale: 4/10/2024	Expiration Date: 4/10/2029
Purchase Price: \$1,200.00	

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

<i>[Signature]</i>	4/10/2024	<i>[Signature]</i>	4/10/2024
BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE SIGNATURE	DATE
<i>[Signature]</i>	4/10/2024	CHARLA PALMER	
CO-BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE NAME	

The purchase of this Maintenance Contract (Contract) is voluntary/optional and not required to purchase, lease, or obtain financing for the Vehicle. This Contract is cancellable, not a condition of credit, and it is Your decision to purchase this Contract.

Any modification, alteration, or change to the preprinted terms and conditions of this Contract are invalid and of no force or effect. This Contract contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision to determine whether Your legal rights are affected.

THIS CONTRACT IS NOT AN INSURANCE POLICY, NOR DOES IT PROVIDE SERVICES BEYOND THOSE OUTLINED HEREIN. IT IS AN AGREEMENT BETWEEN THE CUSTOMER (I, YOU, OR YOUR) AND THE PROVIDER (WE, US, OR OUR) AND ALL SERVICES MUST PERFORMED AT THE SELLING DEALER LISTED ABOVE. ALL OBLIGATIONS AND LIABILITIES FOR SERVICES COVERED BY THIS CONTRACT ARE THOSE OF THE PROVIDER. THE PROVIDER'S OBLIGATIONS ARE INSURED UNDER AN INSURANCE POLICY AS STATED IN THE OBLIGATIONS SECTION.



60APP04H31

**CUSTOMER**

BUYER

CO-BUYER

BRIAN MARGAVICH

Amanda Margavich

ADDRESS

CITY

STATE

ZIP

10756 Trailblazer Way

Pensacola

FL

32506

EMAIL

CELL PHONE

ALTERNATE PHONE

(228) 257-0431

(228) 257-0431

**COVERED VEHICLE**

YEAR

MAKE

MODEL

VEHICLE IDENTIFICATION NUMBER

NEW / USED

2024

MAZDA

CX-5

JM3KFBDY1R0444334

New

**ISSUING DEALER**

DEALER NAME

PHONE

Sandy Sansing Mazda

(999) 999-9999

ADDRESS

CITY

STATE

ZIP

6105 Pensacola BLVD

Pensacola

FL

32505

**LIENHOLDER**

LIENHOLDER NAME

PHONE

Toyota Motor Credit Corp

ADDRESS

CITY

STATE

ZIP

Po Box 105386

Atlanta

GA

30348

**PRODUCT INFORMATION**

Coverage: Platinum Package

Warranty Term: 5 YEAR(S)

Warranty Aggregate: \$5,000.00

Product Purchase Price: \$999.00

Product Purchase Date: 4/10/2024

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

BUYER SIGNATURE

4/10/2024

DATE

DEALER REPRESENTATIVE SIGNATURE

4/10/2024

DATE

CO-BUYER SIGNATURE

4/10/2024

DATE

CHARLA PALMER

DEALER REPRESENTATIVE NAME

**NOTICES TO CUSTOMER**

1. This Warranty is not a contract of insurance.
2. This Warranty is not valid unless the first page is fully completed.
3. You are not required to purchase this Warranty in order to purchase or obtain financing for the Vehicle.
4. This Warranty supplements the manufacturer's warranty. It does not replace the manufacturer's warranty but provides certain additional benefits. Losses covered by the manufacturer's warranty are not covered under this Warranty.
5. We have no liability for anything other than the obligations set forth in this Warranty.

THESE LIMITED WARRANTIES ARE THE ONLY EXPRESS WARRANTIES APPLICABLE TO THE PRODUCT SELECTED FOR THIS VEHICLE. ANY IMPLIED WARRANTY, INCLUDING THE WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IS LIMITED IN DURATION TO THE DURATION OF THESE WARRANTIES. SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, SO THE FOREGOING LIMITATION MAY NOT APPLY TO YOU. THIS WARRANTY MAY NOT INCLUDE ALL OF THE BENEFITS OR PROTECTIONS OF AN INSURANCE POLICY ISSUED BY AN INSURER AUTHORIZED TO DO BUSINESS IN THE STATE WHERE THIS WARRANTY WAS ISSUED.

This Warranty contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision to determine whether Your legal rights are affected.



LOAN DATE: 04/10/2024

GAP WAIVER

NAC02750695

CUSTOMER/BORROWER			FINANCIAL INSTITUTION/ASSIGNED LENDER		
NAME BRIAN GEORGE MARGAVICH			NAME Toyota Motor Credit Corp		
ADDRESS 10756 Trailblazer Way			ADDRESS PO BOX 105386		
CITY Pensacola	STATE FL	ZIP 32506	CITY Atlanta	STATE GA	ZIP 30348
PHONE NO. (228) 257-0431		EMAIL	PHONE NO.		
DEALER			COLLATERAL		
DEALER NAME SANDY SANSING MAZDA			VIN JM3KFB DY1R0444334		
ADDRESS 6105 PENSACOLA BLVD.,			MODEL YEAR 2024		
CITY PENSACOLA	STATE FL	ZIP 32505	MAKE MAZDA	MODEL CX-5 PREMIUM	
PHONE NO. (877) 848-6447		MSRP / NADA \$44,340.00	MILEAGE 17		
FINANCING CONTRACT TERMS					
<input checked="" type="checkbox"/> LOAN <input type="checkbox"/> LEASE <input type="checkbox"/> BALLOON		TERM OF LOAN 72	MONTHLY PAYMENT \$774.66		CHARGE FOR GAP WAIVER \$849.00
AMOUNT FINANCED/LEASE CAP COST \$48,141.30		APR% 4.900	FINANCE/LEASE AGREEMENT NO.		

This GAP Waiver amends the Financing Contract and is between the Customer/Borrower (you or your) and the Dealer (we, us, or our), or if assigned with the Financial Institution/Assigned Lender.



Although not required to do so, you elect to purchase this GAP Waiver for an additional one-time charge which is shown above. You understand this GAP Waiver is not an insurance product and you may obtain similar protection from an alternate source. GAP does not take the place of insurance on the Collateral, nor does this GAP Waiver fulfill any requirements of any financial responsibility laws.

THIS GAP WAIVER IS AVAILABLE FOR PURCHASE ONLY AT THE TIME THE FINANCING CONTRACT IS ORIGINALLY EXECUTED.

The benefit under this GAP Waiver may decrease over the term of your Financing Contract. You may wish to consult an alternative source to determine whether similar coverage may be obtained and at what cost. You should carefully read the front and back of this GAP Waiver for additional information on ELIGIBILITY, EXCLUSIONS, and CONDITIONS that may prevent you from receiving benefits under this GAP Waiver.

In the event of a Constructive Total Loss to the Collateral, we agree to waive the difference between the Collateral's ACV and the outstanding balance (Net Payoff) as of the Date of Loss subject to the terms and conditions of this GAP Waiver. In addition to the provisions stated in the definition for Waiver Benefit, you will remain responsible for payment of any items stated under EXCLUSIONS and CONDITIONS. You are responsible to the Financial Institution/Assigned Lender named above under the terms of the described Financing Contract for the amount resulting from a Constructive Total Loss of the Collateral caused by the theft of or physical damage to the Collateral.

BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE AND AGREE THAT YOUR ACCEPTANCE OF THIS GAP WAIVER IS STRICTLY VOLUNTARY AND IS NOT A REQUIREMENT IN ORDER FOR YOU TO OBTAIN CREDIT, AND DOES NOT IMPACT YOUR ABILITY TO OBTAIN ANY PARTICULAR OR MORE FAVORABLE CREDIT TERMS, AND HAS NO EFFECT ON THE TERMS OF THE RELATED SALE OF THE COLLATERAL. YOU FURTHER ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THIS GAP WAIVER AND ITS EXCLUSIONS and CONDITIONS AND NO OTHER VERBAL REPRESENTATIONS HAVE BEEN MADE TO YOU THAT DIFFER FROM THESE WRITTEN PROVISIONS. IF YOU PURCHASE THIS GAP WAIVER FROM THIS DEALER, YOU UNDERSTAND THAT WE MAY RETAIN ALL OR A PORTION OF THE CHARGE PAID BY YOU.

	04/10/2024		04/10/2024
Customer/Borrower Signature	Date	Dealer Signature	Date

REQUEST A WAIVER BENEFIT BY CONTACTING OUR GAP ADMINISTRATOR:  
National Auto Care Corporation, 440 Polaris Parkway, Suite 250, Westerville, OH 43082 Phone: (855) 333-9545

**PROCEDURE TO REQUEST A WAIVER BENEFIT:** In the event of a Constructive Total Loss, it is requested that you notify the Administrator as soon as possible, but no later than 90 days after receiving settlement from the Primary Carrier. You must provide the following documentation to the Administrator within 90 days of receiving settlement from the Primary Carrier and/or when your Collateral was deemed a Constructive Total Loss pursuant to the statutes of your state, or if no Primary Carrier coverage is in effect on the Date of Loss, within 90 days of the Date of Loss. Please submit: 1) a copy of the Financing Contract and a copy of the signed GAP Waiver; 2) copy of the Financing Contract's payment history and payoff as of the Date of Loss; 3) For situations where no Primary Carrier coverage is in effect on the Date of Loss, you must submit a legible copy of the police report that includes confirmation of the Collateral shown on the GAP Waiver; 4) a copy of the settlement check, Collateral valuation report and total loss breakdown, and Declarations Page issued by Primary Carrier; 5) copy of any refunds for cancellable products, such as credit life, credit accident and health, vehicle service agreements/contracts/warranties, and prepaid maintenance charges; and 6) any additional or reasonable documentation requested by us or the Administrator. The Administrator will not be able to obtain this information for you. No Waiver Benefit will be provided if not reported along with all documentation within these stated time periods. A Waiver Benefit will cause this GAP Waiver to terminate and be fully earned and not subject to any cancellation refund. If you do not provide the requested documents to the Administrator within 90 days of reporting your request for a Waiver Benefit to the Administrator, your request will be closed.

**CONDITIONS:** You are responsible for making at least the minimum payment owed under the terms of the Financing Contract for each payment due date scheduled after the Date of Loss until the request for a Waiver Benefit has been fully processed. Should you not have collectible automobile physical damage

GAPTFS (3/2019) Page 1 of 5



60EX00A90

**EXPRESS 5****CUSTOMER**

BUYER

CO-BUYER

BRIAN MARGAVICH

Amanda Margavich

ADDRESS

CITY

STATE

ZIP

10756 Trailblazer Way

Pensacola

FL

32506

EMAIL

CELL PHONE

ALTERNATE PHONE

(228) 257-0431

(228) 257-0431

**COVERED VEHICLE**

YEAR

MAKE

MODEL

VEHICLE IDENTIFICATION NUMBER

MSRP

MILEAGE

2024

MAZDA

CX-5

JM3KFBDY1R0444334

17

**SELLING DEALER**

DEALER NAME

PHONE

Sandy Sansing Mazda

(999) 999-9999

ADDRESS

CITY

STATE

ZIP

6105 Pensacola BLVD

Pensacola

FL

32505

**LIENHOLDER**

LIENHOLDER NAME

PHONE

Toyota Motor Credit Corp

ADDRESS

CITY

STATE

ZIP

Po Box 105386

Atlanta

GA

30348

**SERVICE CONTRACT INFORMATION**

Contract Term: 5 YEAR(S)

Vehicle Class: 1

Date of Sale: 4/10/2024

Purchase Price: \$942.00

Number of Key/Key Fob(s) at Vehicle Delivery:

Optional Coverage:

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

BUYER SIGNATURE

4/10/2024

DATE

DEALER REPRESENTATIVE SIGNATURE

4/10/2024

DATE

CO-BUYER SIGNATURE

4/10/2024

DATE

CHARLA PALMER

DEALER REPRESENTATIVE NAME

Portfolio Services Limited, Inc. (We, Us, or Our), agrees that the Customer (Contract Holder, You, Your, or I) listed above, in consideration of the payment of the purchase price listed above, is entitled to all the services, benefits, and privileges hereof, for and in connection with the ownership, maintenance, and use of the Covered Vehicle (Vehicle) listed above, for the period set forth, within the United States, its territories, or Canada. This Service Contract (Contract) is optional and is not required to purchase, lease, or obtain financing of the Vehicle. This Contract contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision as well as the State Provisions section for Your specific state (if Your state is included) to determine whether Your legal rights are affected.

THIS CONTRACT IS NOT AN INSURANCE CONTRACT. IT IS A CONTRACT BETWEEN YOU AND THE PROVIDER. ALL OBLIGATIONS AND LIABILITIES FOR REPAIRS COVERED BY THIS CONTRACT ARE THOSE OF THE PROVIDER. THE PROVIDER'S OBLIGATIONS ARE INSURED UNDER AN INSURANCE POLICY AS STATED IN THE OBLIGATIONS SECTION.

**AUTHORIZATION IS REQUIRED PRIOR TO THE COMMENCEMENT OF ALL REPAIRS.**

**CLAIMS TOLL FREE - (877) 705-4001  
ROADSIDE ASSISTANCE - (855) 215-1933**

60SCP0CB8E

☒ New ☐ Pre-Owned

**New Vehicles &  
Pre-Owned Vehicles**
**CUSTOMER**

BUYER	CO-BUYER		
BRIAN MARGAVICH	Amanda Margavich		
ADDRESS	CITY	STATE	ZIP
10756 Trailblazer Way	Pensacola	FL	32506
EMAIL	CELL PHONE	ALTERNATE PHONE	
	(228) 257-0431	(228) 257-0431	

**COVERED VEHICLE**

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	IN-SERVICE DATE
2024	MAZDA	CX-5	JM3KFBDY1R0444334	4/10/2024

**SELLING DEALER**




DEALER NAME	PHONE		
Sandy Sansing Mazda	(999) 999-9999		
ADDRESS	CITY	STATE	ZIP
6105 Pensacola BLVD	Pensacola	FL	32505

**LIENHOLDER**

LIENHOLDER NAME	PHONE		
Toyota Motor Credit Corp			
ADDRESS	CITY	STATE	ZIP
Po Box 105386	Atlanta	GA	30348

**SERVICE CONTRACT INFORMATION**Coverage Plan: Plan E: ExclusionarySupplemental Coverage: Turbocharger, All Wheel DriveTerm Months: 72 MonthsTerm Miles: 125000 MilesDate of Sale: 4/10/2024Current Mileage: 17Expiration Date: 4/10/2030Expiration Mileage: 125,000 milesDeductible: \$100.00 ReducingContract Price: \$2,651.00

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

	4/10/2024		4/10/2024
BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE SIGNATURE	DATE
	4/10/2024	CHARLA PALMER	
CO-BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE NAME	

**The purchase of this Service (Contract) is not required to purchase or obtain financing for the Vehicle.**

If no Coverage Plan is listed above, Plan P: Powertrain Coverage will be in effect. If no Term Months or Term Miles are listed above, coverage will be in effect for 36 Months/50,000 miles, whichever occurs first. A \$100.00 Deductible will apply unless otherwise listed above. Any modification, alteration or change to the preprinted terms and conditions of this Contract are invalid and of no force or effect. This Contract contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision as well as the State Provisions section for Your specific state (if Your state is included) to determine whether Your legal rights are affected.

THIS SERVICE CONTRACT IS NOT AN INSURANCE CONTRACT. IT IS AN AGREEMENT BETWEEN THE CUSTOMER (I, YOU, OR YOUR) AND THE PROVIDER (WE, US, OR OUR). ALL OBLIGATIONS AND LIABILITIES FOR REPAIRS COVERED BY THIS CONTRACT ARE THOSE OF THE PROVIDER. THE PROVIDER'S OBLIGATIONS ARE INSURED UNDER AN INSURANCE POLICY AS STATED IN THE OBLIGATIONS SECTION.

**AUTHORIZATION IS REQUIRED PRIOR TO THE COMMENCEMENT OF ALL REPAIRS.**

**CLAIMS TOLL FREE - (833) 487-5446  
ROADSIDE ASSISTANCE - (855) 215-1933**

# AGREEMENT TO FURNISH INSURANCE POLICY

DEAL# 225649  
STOCK# MZ12272  
CUST# 1522270

Date 04/10/2024

To Seller/Lessor **SANDY SANSING MAZDA**  
**6105 PENSACOLA BLVD, PENSACOLA, FL, 32505**

The undersigned Buyer/Lessee(s) agree(s) to furnish his/their own Insurance Policy covering a vehicle which is the subject of a credit sale contract/lease dated this 10 day of APRIL, YR 2024

The vehicle referred to herein is described as follows:

Year	Make	Model	Body Type	Vehicle Identification No.
2024	MAZDA	CX-5	WAGON 4 DR.	JM3KFBDY1R0444334

Such Insurance Policy must be delivered to the Seller/Lessor within 30 days from the date of this Agreement. The following is not an acceptable policy: Maintenance or repair contracts, One Month Policies or Insurance Certificates that make reference to a "Master Insurance Agreement." If Seller/Lessor does not receive such Policy by the time stated, Seller/Lessor may (but is not required to) procure insurance of the kind and type agreed to be furnished under the terms of the credit sale contract/lease. Such insurance may cover only Seller's/Lessor's interest in the vehicle as the law allows.

Ins.Co. GEICO Agent ONLINE

1 GEICO CENTER MACON GA 31295 (800) 841-3000  
ADDRESS OF AGENT - STREET CITY STATE ZIP AGENT'S PHONE NUMBER

Policy No. 6016540525/09245 Exp. Date 08/11/2024

☐ Fire & Theft - ☐ Additional Coverage - ☒ \$ 500 Deductible Comprehensive - ☒ \$ 500 Deductible Collision

In the event Buyer/Lessee(s) fail(s) to furnish a valid insurance policy, or written evidence of insurance, of the type required under the credit sale contract/lease, Buyer/Lessee(s) hereby agree(s) to pay to Seller/Lessor or assignees any earned premium for any policy they may have to place for the above described vehicle in accordance with repayment procedures set forth in the credit sale contract/lease.

Buyer/Lessee(s) further agree(s) to assume any and all responsibility for damage to the vehicle or resulting from the use, maintenance or operation of the vehicle, and agree to hold Seller/Lessor free of any loss, claim, or liability resulting from any damage to the vehicle or from the vehicle's use, maintenance or operation.

Loss Payee MAZDA FINANCIAL SERVICES

Loss Payee's Address PO BOX 330 WILLIAMSVILLE NY 14231

**NOTICE TO BUYER/LESSEE:** This Agreement does not authorize the Seller/Lessor to order Public Liability or Property Damage Insurance. Any insurance ordered by the Seller/Lessor or Seller's/Lessor's Assignee will cover loss of or damage to the vehicle and will not include Public Liability or Property Damage Insurance.

BUYER'S/LESSEE'S NAME (Printed) BRIAN GEORGE MARGAVICH AMANDA LEE MARGAVICH

ADDRESS 10756 TRAILBLAZER WAY

HOME PHONE (228) 257-0431 BUSINESS PHONE

PENSACOLA FL 32506

X [Signature]  
BUYER'S/LESSEE'S SIGNATURE

X [Signature]  
CO-BUYER'S/CO-LESSEE'S SIGNATURE



6105 Pensacola Blvd - Pensacola, FL 32505  
www.sandysansingmazda.com  
(877) 848-6447

CUST# 1522270

DEAL# 225649

THIS IS AN AGREEMENT TO PURCHASE

STOCK # MZ12272

DATE 04/10/2024

SALES PERSON QUINTON ELIAS

## GENERAL INFORMATION

Purchaser **BRIAN GEORGE MARGAVICH** Co-Purchaser **AMANDA LEE MARGAVICH**  
SSN **N/A** Birthdate **05/03/1980** SSN **N/A** Birthdate **09/16/1980**  
Address **10756 TRAILBLAZER WAY** City **PENSACOLA** State **FL** Zip **32506**  
Home Phone **228-257-0431** Business Phone \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
Driver's License (1) **M621067801630** Driver's License (2) **M621012808360**  
NEW ☒ [XX] Year **2024** Make **MAZDA** Body Type **WAGON 4 DR.** Color **SOUL RED CRYSTAL METALLIC**  
USED ☐ [ ] Model **CX-5** Mileage **17** Cyl: **4**  
DEMO ☐ [ ] Serial # **J M 3 K F B D Y 1 R 0 4 4 4 3 3 4**

## TRADE-IN INFORMATION

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
ID # \_\_\_\_\_ Mileage \_\_\_\_\_  
Body \_\_\_\_\_ Cyl **N/A** Color \_\_\_\_\_  
Tag # **N/A** Decal # \_\_\_\_\_ State \_\_\_\_\_

## PAYOFF

Finance Co. \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Quoted By **N/A** Good Until \_\_\_\_\_  
Balance Owed: \_\_\_\_\_ Acct. # \_\_\_\_\_

Unless buyer notes the contrary here, Buyer warrants that the above Trade has not suffered collision or flood damage and that the odometer reading reflects the actual mileage incurred by the Trade. Buyer warrants that the Trade was used only for personal use unless another use is listed here:

I/We understand that money given to Sandy Sansing on above date is a down payment and is non-refundable.

In the event you cannot make delivery within 72 hours of this date, I understand that my car is subject for reappraisal.

In the event of increase in price by manufacturer before delivery I agree to pay the difference in price.

No other agreement, promise, or understanding of any kind pertaining to this purchase will be recognized except a conditional sales contract in writing executed by the undersigned as purchaser thereunder.

The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale.

## TRANSACTION

BASE PRICE	40,845.00
PORTFOLIO EXPRESS CAREFREE MAINTENANCE	1,200.00
CERMAPLATE	999.00
PORTFOLIO EXPRESS COMBO	942.00
PORTFOLIO VSC	2,651.00
N/A	N/A
BATTERY AND TIRE WASTE FEE	6.50
TEMP REG/ELECTRONIC FILING	75.00
SUBTOTAL	46,718.50
TRADE ALLOWANCE	N/A
SUBTOTAL AFTER TRADE ALLOWANCE	46,718.50
* DOCUMENT / SERVICE FEE	899 00
* PRIVATE TAG AGENCY FEE	99 00
Amount Taxable	47,716.50
Sales Tax	2,631.92
Other Tax	363.83
Payoff On Trade	N/A
(Estimated) Plus Tag & Title Fees	411.35
TOTAL	51,123.60
(Not a receipt) DOWN PAYMENT	3,500.00
REBATES	500.00
Unpaid Balance	47,123.60

This offer is not valid unless signed and accepted by Dealer. The Dealer reserves the right to cancel this transaction.

On a credit transaction the purchaser(s) offer is not accepted and the transaction is not consummated until (a) approved in writing by Dealer and a responsible Bank or Finance Company and (b) all disclosures required by the Federal Consumer Credit Protection Act (Truth in Lending Act) have been given and (c) purchaser(s) and Dealer have signed an Installment Sale Contract. In consideration of the mutual covenants, agreements and representations contained herein the purchaser and seller agree that in the event of an alleged breach, dispute or default in connection with this agreement that they waive a trial by jury and agree to submit to final, binding, and mandatory arbitration.

I certify that the above information is complete and accurate. I authorize an investigation of my credit and employment history and the release of information about my credit experience.

Accepted by **SANDY SANSING MAZDA**

Buyer's Signature X \_\_\_\_\_

Date: **04/10/2024**  
Must be accepted by Dealer Representative

Co-Buyer's Signature X \_\_\_\_\_

\*A DOCUMENT/SERVICE FEE/PRIVATE TAG AGENCY FEE IS NOT AN OFFICIAL FEE AND IS NOT REQUIRED BY LAW. HOWEVER, IT MAY BE CHARGED TO A BUYER/LESSEE FOR THE HANDLING OF DOCUMENTS AND THE PERFORMING OF SERVICES RELATED TO THE SALE OR LEASE AND MAY INCLUDE DEALER PROFIT.

# Sandy Sansing

## ARBITRATION ADDENDUM

DEAL# 225649

STOCK# MZ12272

CUST# 1522270

Dealer and Customer agree that this Arbitration Addendum shall be incorporated into and forms a part of the Retail Buyers Order, Retail Lease Order or other agreements (collectively "Transaction") entered into by the parties on this 10 day of 04, 2024 on that 2024 (year) MAZDA (make) CX-5 (model) and JM3KFBDY1R0444334 (VIN)(hereinafter "VEHICLE").

They further agree as follows:

1. To the extent of any conflict between the terms of this Addendum and the Transaction, the terms of this Addendum shall govern and control.
2. Any controversy, claim, suit, demand, counterclaim, cross claim, or third party complaint, arising out of or relating to the Transaction or the parties' relationship (whether statutory or otherwise and irrespective of whether any financing or credit contingencies have been met), including, but not limited to any matter that may have induced the Customer to enter into a relationship with Dealer (collectively referred to as "Claim"), as well as the validity or enforceability of this Addendum, shall be submitted to final and binding arbitration in the county and state where Dealer is situated.
3. The Parties agree that any Claim shall be arbitrated by a single arbitrator on an individual basis and not as a class action. Customer expressly waives any right Customer may have to arbitrate a class action. The party initiating the demand for arbitration may choose one of the following arbitration organizations and its applicable rules: The National Arbitration Forum, Box 50191, Minneapolis, MN 55405-0191 ([www.arb-forum.com](http://www.arb-forum.com)) or The American Arbitration Association, 335 Madison Ave., Floor 10, New York, NY 10017-4605 ([www.adr.org](http://www.adr.org)). Customer can obtain a copy of the rules of these organizations by contacting the arbitration organization or visiting its website. Another arbitration organization or set of rules may be used if mutually agreed upon by both parties.
4. Arbitrators shall be attorneys or retired judges and shall be selected pursuant to the applicable rules. The Arbitrator shall apply governing substantive law in making an award. The arbitrator's award shall be final and binding on all parties.
5. The arbitrator's fees and administrative fees, but not the filing fees, shall be divided evenly by the parties. Dealer shall advance your filing, administration, service or case management fee and your arbitrator or hearing fee all up to a maximum of \$1500, which may be reimbursed by decision of the arbitrator at the arbitrator's discretion.
6. The prevailing party shall be entitled to recover all Arbitration fees described in paragraph 5 above, as costs to the extent paid and/or due and owing from such party, and shall be entitled to enforce the award in a court of competent jurisdiction. In the event that such fees payable by Customer are deemed excessive, the arbitrator may reduce such fees at the arbitrator's discretion.
7. The arbitration provision shall not apply to (a) any action by Dealer for repossession of the Vehicle (but it does apply to any counter-claim thereto except as otherwise provided in this paragraph), or (b) any action within the jurisdiction of the small claims court, as defined by Florida Small Claims Rule 7.010.
8. **CUSTOMER UNDERSTANDS AND AGREES: (1) THAT IF A DISPUTE IS ARBITRATED, CUSTOMER WILL GIVE UP THE RIGHT TO A TRIAL BY A COURT; (2) THAT IF A DISPUTE IS ARBITRATED, CUSTOMER WILL GIVE UP THE RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER IN ANY CLASS CLAIM AGAINST DEALER, INCLUDING ANY RIGHT TO CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS; (3) DISCOVERY AND RIGHTS TO APPEAL IN ARBITRATION ARE GENERALLY MORE LIMITED THAN IN A LAWSUIT, AND OTHER RIGHTS THAT CUSTOMER AND DEALER WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION; (4) TO RESOLVE ALL DISPUTES WITH DEALER BY BINDING ARBITRATION RATHER THAN LITIGATION IN ANY COURT EXCEPT AS SPECIFICALLY SET FORTH ABOVE; AND (5) THAT NOTWITHSTANDING ANYTHING TO THE CONTRARY, TO WAIVE ANY AND ALL RIGHT TO ANY TRIAL BY JURY FOR ANY CLAIM NOTWITHSTANDING THE ENFORCEABILITY FOR THIS ARBITRATION PROVISION.**
9. Within thirty (30) days of the arbitrator's appointment, the arbitrator shall establish the procedure for the exchange of information bearing in mind the expedited nature of arbitration. The arbitrator's award shall be final and binding on all parties, except that in the event the arbitrator's award for a party is \$0 or against a party is in excess of \$100,000, or includes an award of injunctive relief against a party, that party may request a new arbitration under the rules of the arbitration organization by a three -arbitrator panel. The appealing party requesting new arbitration shall be responsible for the filing fee and other arbitration costs subject to a final determination by the arbitrators of a fair appointment of costs.
10. Both parties retain any rights to self-help remedies, such as repossession. Neither party waives the right to arbitrate by using self help remedies or filing suit. Any court having jurisdiction may enter judgment on the arbitrator's award. This clause shall survive any termination, payoff or transfer of the Transaction (including any retail installment sales contract or lease agreement).
11. This Addendum is subject to the Federal Arbitration Act, 9 U.S.C.A. §1 et. seq. Customer agrees that the written terms of this Addendum control the rights and responsibilities of the parties related to arbitration of claims, and Customer is not relying on any verbal statements from Dealer related to this Addendum. To the extent that any part of this addendum is ruled illegal or enforceable by any finder of fact or law, so much hereof as is ruled illegal or unenforceable shall be deemed severed and the remaining provisions shall survive.

Customer: Co-Customer: N/ADealer: 

# Sandy Sansing



## PURCHASE SPOT DELIVERY AGREEMENT

DEAL# 225649

CUST# 1522270

Date 04/10/2024

Customer's Name BRIAN GEORGE MARGAVICH, AMANDA LEE MARGAVICH Phone (H) (228) 257-0431 (W) \_\_\_\_\_

Address 10756 TRAILBLAZER WAY PENSACOLA FL 32506

Vehicle Description 2024 MAZDA CX-5 Stock No. MZ12272

V.I.N. JM3KFB DY1R0444334 Salesperson QUINTON ELIAS

The Dealership (also called "we" and "us") is permitting you to take possession of the above listed vehicle prior to financing approval being obtained. This is known as a "Spot Delivery". Although you are being permitted to take possession of the above listed vehicle, you understand that financing for your purchase has not been finalized. You and we intend that financing will be obtained either directly from a third party or, in the event you signed a Retail Installment Sales Contract with us, that we will assign it to a third party.

In the event we are unable to obtain third party financing approval or, if applicable, assign the Retail Installment Sales Contract to a third party within thirty (30) days of the above listed date, you shall immediately, return the vehicle or pay us the balance due as reflected in the Retail Buyers Order. When you return the vehicle, we will refund all deposits made by you in accordance with the terms and conditions set forth in the Retail Buyers Order. You will pay us the cost of repairing any damage occurring to the vehicle while it is in your possession and hold us harmless from any expenses, costs and fees arising out of any act pertaining to your operation of the vehicle while it is in your possession. If the vehicle should become immobilized or impounded while in your possession, you agree to take whatever steps are necessary to ensure the return of the vehicle to us. You will be notified if financing cannot be obtained. Once you have been notified that financing could not be obtained, you will have three (3) calendar days to return the vehicle. If the vehicle is not returned within three (3) calendar days, you agree that the Dealership has the right to reacquire the vehicle by all peaceable and lawful means.

The terms of this Purchase Spot Delivery Agreement are hereby incorporated by reference into and made a part of the Retail Buyers Order for the purchase of the above listed vehicle.

Dealership Representative's Signature

Customer's Signature

Customer's Signature

**FACTS****WHAT DOES SANDY SANSING DEALERSHIPS  
DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?**

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and income
- Account balances and payment history
- Credit history and employment information

**How?**

When you are no longer our customer, we continue to share your information as described in this notice.

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Sandy Sansing Dealerships chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information.	Does Dandy Sansing Dealerships share?	Can you limit this sharing?
<b>For our everyday business purposes-</b> such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes-</b> to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b>	Yes	No
<b>For our affiliates' everyday business purposes-</b> Information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes-</b> Information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For nonaffiliates to market to you</b>	No	We don't share

**Questions?**

Call Customer Service @ 1-800-476-2480

**Who We Are****Who is providing this notice?****Sandy Sansing Dealerships****What We Do****How does Sandy Sansing Dealerships protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

**How does Sandy Sansing Dealerships collect my personal information?**

We collect your personal information, for example, when you

- Apply for financing
- Give us your income information or provide employment information
- Provide account information or give us your contact information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?**

Federal law gives you the right to limit only

- Sharing for affiliates' everyday business purposes-information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

**Definition****Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- Our affiliates include companies with a Sandy Sansing name and financial companies such as dealerships.

**Nonaffiliates**

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- Sandy Sansing Dealerships does not share with nonaffiliates so they can market to you.

**Joint Marketing**

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- Our joint marketing partners include finance companies.

**Other Important Information****I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THIS NOTICE**

AMANDA LEE MARGAVICH

Print Customer Name

Customer Signature

04/10/2024

Date

BRIAN GEORGE MARGAVICH

Print Customer Name

Customer Signature

04/10/2024

Date



RouteOne<sup>®</sup> Credit Application: Applicant

Title (optional)	Last Name	First	Middle	Suffix	Date of Birth	Soc. Sec. #		
	MARGAVICH	BRIAN	G		06/03/1980	255-55-3706		
Present Address Line 1			Time at Present Address		Driver's License # / State			
10756 TRAILBLAZER WAY			5 years 2 months					
Present Address Line 2			City	County	State	ZIP		
			Pensacola	ESCAMBIA	FL	32506-9770		
Previous Address Line 1			Time at Previous Address		Present Address Urbanization Code			
Previous Address Line 2			City	State	ZIP			
Home Phone		Cellular Phone						
(228) 257-0431								
Education								
No. of Dependents		Preferred Email						
Current Employment Title			Employment Status		Employment Type			
USAF			Retired					
Current Employer								
Retired								
Current Employer Address Line 1								
Current Employer Address Line 2			City	State	ZIP			
Current Employer Phone Number		Business Ph. Ext.#	Time at Current Job		Business Email Address			
(228) 257-0431			2 years 0 months					
Previous Employer		Previous Occupation		Previous Employer Phone Number		Time at Previous Job		
Previous Employer Address Line 1								
Previous Employer Address Line 2			City	State	ZIP			
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.								
Gross Income	Income Received	Other Income Source	Other Income	Other Income Received	Monthly Support/Alimony Received			
\$50,722.00	Yearly							
Residence Type								
Buying home								
Landlord Name / Mortgage Co.			Landlord / Mortgage Phone Number		Monthly Rent / Mortgage Payment			
					\$875.00			
Bank Name					Bank Account Type Code			
Creditor Reference #1 - Name / Address				Creditor Balance #1	Creditor Monthly Payment #1			
Creditor Reference #2 - Name / Address				Creditor Balance #2	Creditor Monthly Payment #2			
Company Financing Auto Loan		Previous Auto Loan Acct #		Previous Auto Loan Balance		Previous Auto Loan Monthly Payment		
Nearest Relative Last Name		First	Nearest Relative Address Line 1		Relationship	Phone #		
Nearest Relative Address Line 2			City	State	ZIP			
Additional Reference #1 - Last Name		First Name	Address		City	State	ZIP	Phone
Additional Reference #2 - Last Name		First Name	Address		City	State	ZIP	Phone
Bankruptcy Indicator			Bankruptcy Date		Repossession Indicator		Repossession Date	

## Credit Application: Co-Applicant

Title (optional)	Last Name	First	Middle	Suffix	Date of Birth	Soc. Sec. #
	MARGAVICH	AMANDA	LEE		09/16/1980	369-88-1985
Present Address Line 1				Time at Present Address		Driver's License # / State
10756 TRAILBLAZER WAY				5 years 2 months		
Present Address Line 2				City	County	State
				Pensacola	ESCAMBIA	FL
				ZIP		
				32506-9770		
Relationship code		Relationship		Present Address Urbanization Code		
Resides With						
Previous Address Line 1				Time at Previous Address		
Previous Address Line 2				City	State	ZIP
Home Phone		Cellular Phone				
(228) 257-0431						
Education		No. of Dependents	Preferred Email			
Current Employment Title			Employment Status		Employment Type	
USN			Retired			
Current Employer						
Retired						
Current Employer Address Line 1						
Current Employer Address Line 2						
Current Employer Phone Number		Business Ph. Ext.#	Time at Current Job		Business Email Address	
(228) 257-0431			3 years 0 months			
Previous Employer		Previous Occupation		Previous Employer Phone Number		Time at Previous Job
Previous Employer Address Line 1						
Previous Employer Address Line 2						
<p>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.</p>						
Gross Income	Income Received	Other Income Source	Other Income	Other Income Received	Monthly Support/Alimony Received	
\$99,277.00	Yearly					
Residence Type						
Buying home						
Landlord Name / Mortgage Co.			Landlord / Mortgage Phone Number		Monthly Rent / Mortgage Payment	
					\$875.00	
Bank Name					Bank Account Type Code	
Creditor Reference #1 - Name / Address				Creditor Balance #1	Creditor Monthly Payment #1	
Creditor Reference #2 - Name / Address				Creditor Balance #2	Creditor Monthly Payment #2	
Company Financing Auto Loan		Previous Auto Loan Acct #		Previous Auto Loan Balance		Previous Auto Loan Monthly Payment
Bankruptcy Indicator		Bankruptcy Date	Repossession Indicator			Repossession Date

## Credit Application

**Joint Credit Intention Signature**

[X] This is an application for joint credit with another person.

We intend to apply for joint credit.

Applicant: By

Date

April 11, 2024

Co-Applicant: By

Date

11 Apr 2024

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT -**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing this application:

I authorize dealer and any finance company, bank or other financial institution to which the dealer submits my application ("you") to investigate my credit and employment history, verify my income, obtain credit reports, and release information about your credit experience with me as the law permits.

I further authorize you to forward my application and all related information to other creditors for evaluation as a method of effectuating my request for credit.

If an account is created, I authorize you to obtain credit reports for the purpose of reviewing or taking collection action on the account, or for other legitimate purposes associated with the account.

**Authorization for the Social Security Administration to Disclose Your Social Security Number Verification**

I authorize the Social Security Administration (SSA) to verify and disclose to Toyota Motor Credit Corporation through SentiLink Verification Services Corp, their service provider, for the purpose of applying for a vehicle loan whether the name, Social Security Number (SSN) and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next 90 days.

If you sign this credit application electronically, you intend that process to be your electronic signature on an electronic application, acknowledge receipt of all disclosures provided on the credit application, and give your authorization and consent to the recipient(s) of this application to take the actions identified in the credit application, including for SSA to disclose your SSN Verification to Toyota Motor Credit Corporation and SentiLink Verification Services Corp.

**Monitoring, Recording, and Collection Communications**

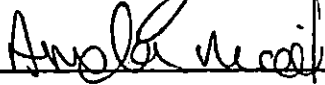
I agree that you, your affiliates, agents and service providers may monitor and record telephone calls regarding my account to assure the quality of your service or for other reasons. I also expressly consent and agree to you, your affiliates, agents and service providers using written, electronic or verbal means to contact me as the law allows. This consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, emails and/or automatic telephone dialing systems. I agree you, your affiliates, agents and service providers may do so using any e-mail address or any telephone number I provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether I incur charges as a result.

I certify that I have read and agree to the terms of this application and that the information in it is complete and true.

If you sign this credit application electronically, you intend that process to be your electronic signature on an electronic application, acknowledge receipt of all disclosures provided on the credit application, and give your authorization and consent to the recipient(s) of this application to take the actions identified in the credit application.

**Credit Application Signature**

Applicant: By  Date April 11, 2024

Co-Applicant: By  Date 11 Apr 2024

Credit Application: MFS Federal FCRA (Applicant and Co-applicant)

**MFS Federal FCRA**

**[ ] Check this box if you do not want Mazda Financial Services to share personally identifiable information from your credit application or credit report with affiliates (including automotive, insurance and financial services affiliates), except as otherwise permitted by law.**


This credit application may be submitted to Mazda Financial Services, PO Box 30203, College Station, TX 77842-3203 (MFS) for purchase or consideration as to whether it meets purchase guidelines.

The trade name "Mazda Financial Services" and the Mazda and Mazda Financial Services logos are owned by Mazda Motor Corporation (Mazda) or its affiliates and are licensed to Toyota Motor Credit Corporation (TMCC). Retail installment accounts may be owned by TMCC or its securitization affiliates and lease accounts may be owned by Toyota Lease Trust (TLT) or its securitization affiliates. TMCC is the servicer for accounts owned by TMCC, TLT, and their securitization affiliates. Mazda is solely responsible for its products and services and for promotional statements about them and is not affiliated with TMCC or its affiliates. Retail accounts and leases through Mazda Financial Services are subject to credit approval by TMCC.

**Optional Consent**

Applicant:

By signing below, you agree to receive advertisements or telemarketing messages using an automatic telephone dialing system or an artificial or prerecorded voice, on behalf of the dealer, finance source that purchases your retail installment sales contract or lease agreement, or both, at the following telephone number(s): 228-257-0431, 228-257-0431. You further acknowledge that your consent is not required as a condition of applying for or receiving an extension of credit.

Applicant: By  Date April 11, 2024

Co-Applicant:

By signing below, you agree to receive advertisements or telemarketing messages using an automatic telephone dialing system or an artificial or prerecorded voice, on behalf of the dealer, finance source that purchases your retail installment sales contract or lease agreement, or both, at the following telephone number(s): 228-257-0431, 228-257-0431. You further acknowledge that your consent is not required as a condition of applying for or receiving an extension of credit.

Co-Applicant: By  Date 11 Apr 2024

# Sandy Sansing Mazda

## Your Credit Score and the Price You Pay for Credit

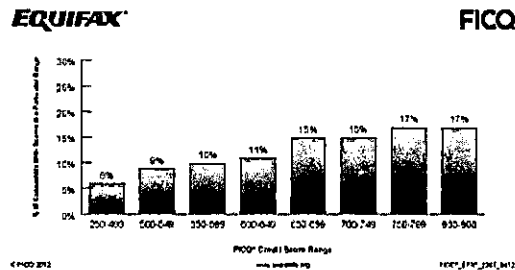
Credit Score For Amanda L Margavich

Your Credit Score Score: 776 | Source: Equifax | Date: April 11, 2024, 10:32 a.m.

### Understanding Your Credit Score

What you should know about credit scores	Your credit score is a number that reflects the information in your credit report.  Your credit report is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors. Your credit score can change, depending on how your credit history changes.
How we use your credit score	Your credit score can affect whether you can get a loan and how much you will have to pay for that loan.
The range of scores	Scores range from a low of 250 to a high of 900. Generally, the higher your score, the more likely you are to be offered better credit terms.

How your score compares to the scores of other consumers



### Checking Your Credit Report

What if there are mistakes in your credit report? You have a right to dispute any inaccurate information in your credit report. If you find mistakes on your credit report, contact the consumer reporting agency. It is a good idea to check your credit report to make sure the information it contains is accurate.

Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.  
To order your free annual credit report:

**By telephone:**  
Call toll-free: 1-877-322-8228

How can you obtain a copy of your credit report?

**On the web:**  
Visit [www.annualcreditreport.com](http://www.annualcreditreport.com)

**By mail:**  
Mail your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at <http://www.ftc.gov/bcp/online/include/requestformfinal.pdf>) to:  
Annual Credit Report Request Service  
P.O. Box 105281  
Atlanta, GA 30348-5281

How can you get more information?

For more information about credit reports and your rights under Federal law, visit the Consumer Financial Protection Bureau's website at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)

Signature

*Amanda Margavich*

Date

11 Apr 2024

# Sandy Sansing Mazda

## Your Credit Score and the Price You Pay for Credit

Credit Score For Brian G Margavich

Your Credit Score Score: 742 | Source: Equifax | Date: April 11, 2024, 10:23 a.m.

### Understanding Your Credit Score

Your credit score is a number that reflects the information in your credit report.

What you should know about credit scores

Your credit report is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors. Your credit score can change, depending on how your credit history changes.

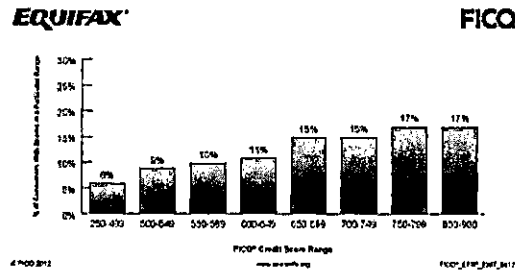
How we use your credit score

Your credit score can affect whether you can get a loan and how much you will have to pay for that loan.

The range of scores

Scores range from a low of 250 to a high of 900. Generally, the higher your score, the more likely you are to be offered better credit terms.

How your score compares to the scores of other consumers



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Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.  
To order your free annual credit report:

**By telephone:**  
Call toll-free: 1-877-322-8228

How can you obtain a copy of your credit report?

**On the web:**  
Visit [www.annualcreditreport.com](http://www.annualcreditreport.com)

**By mail:**  
Mail your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at <http://www.ftc.gov/bcp/online/include/requestformfinal.pdf>) to:  
Annual Credit Report Request Service  
P.O. Box 105281  
Atlanta, GA 30348-5281

How can you get more information?

For more information about credit reports and your rights under Federal law, visit the Consumer Financial Protection Bureau's website at [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore)

Signature

Date

April 11, 2024



1523798

FINANCIAL  
SERVICES**Decision:** ☒ Approved by MFS on 04/11/2024 - 10:30 AM

Dealership Name : SANDY SANSING MAZDA

FS App # : 1523798

Dealership Number : 0000023867

RouteOne App # : 01-1-668317261 0

Submitted by : PALMER94118 on 04/11/2024 - 10:30 AM

Applicant Name: MARGAVICH, BRIAN

Co-Applclicant Name: MARGAVICH, AMANDA

Deal Recap	Decision	Application	Additional Deal Information	Decision	Application
Transaction Type	Retail	Retail	Purchase Price	\$41,179.00	
Vehicle	2024 MAZDA CX-5 2.5 T PR AWD	2024 Mazda CX-5 $\Delta$	Sales Price		\$40,845.00
Fuel Type		Gasoline Fuel	Doc Fee		\$899.00
Tier	1+		Rebate		\$500.00
Financed Amount	\$41,179.00	\$41,179.00	TT&L	\$2,735.00	
Cash Down	\$3,500.00	\$3,500.00	Credit Disability		\$0.00
Total Down	\$4,000.00	\$4,000.00	Credit Life		\$0.00
Total Monthly Payment	\$661.00	\$650.00 $\Delta$	GAP		\$0.00
Term	72	72	Svc Contract		\$0.00
Wholesale/Invoice		\$40,020.00	New/Used	NEW	NEW
Customer Rate		3.90%	VIN	JM3KFB DY1R044433	JM3KFB DY1R044433
Buy Rate	4.90%			4	4
			Mileage	19	19
			MSRP		\$41,345.00
			FS Optional Fields		
			Requested Pricing	Special Program Rate	
			SSA Consent		
			Acknowledgement	Yes	

Stipulations

Comments

Auto Approved

LTV Grid





**Sandy Sansing Mazda**

6105 Pensacola BLVD  
Pensacola  
FL, 32505

2024 Mazda CX-5 - SOUL RED CRYSTAL METALLIC

#210272

Brian George  
Margavich

1-(228) 257-0431

**Acceptance/Declination Sheet**

Selling Price: \$40,845.00  
Customer Cash: \$3,500.00  
Loan: \$774.66/mo for 72 mo  
Base Payment: \$660.88

**Customer Declined Products**

**\$0.00/mo**

**Customer Selected Products**

**\$113.78/mo**

**Portfolio VSC | Portfolio One - Zero Miles Stated  
(DLR45709) (Plan E: Exclusionary)**

72 mo | 125000 mi | \$100

\$2,651.00 (cash)

**\$2,651.00**

**Portfolio Express Carefree Maintenance | Maintenance  
Class 1 - Advanced Synthetic**

60 mo | 100000 mi | \$0

\$1,200.00 (cash)

**\$1,200.00**

**NAC GAP | 150% F GAP - Toyota / Mazda Finance**

72 mo | 999999 mi | \$0 Deductible

\$849.00 (cash)

**\$849.00**

**Portfolio Express Combo | TFS Express5 Class1**

60 mo | 999999 mi | \$0

\$942.00 (cash)

**\$942.00**

**CermaPlate | CermaPlate - Platinum Package**

60 mo | 999999 mi | \$0

\$999.00 (cash)

**\$999.00**

X

Buyer Signature & Date



## Sandy Sansing Mazda

6105 Pensacola BLVD  
Pensacola  
FL 32505

2024 Mazda CX-5 - SOUL RED CRYSTAL METALLIC  
MZ12272

Brian George  
Margavich  
1-(228) 257-0431

## F&I Product Menu

Customer Cash: \$3,500.00

Preferred	Value	Economy
<b>Portfolio VSC   Portfolio One - Zero Miles Stated (DLR45709) (Plan E: Exclusionary)</b> 72 mo   125000 mi   \$100	<b>Portfolio VSC   Portfolio One - Zero Miles Stated (DLR45709) (Plan E: Exclusionary)</b> 72 mo   125000 mi   \$100	<b>Portfolio VSC   Portfolio One - Zero Miles Stated (DLR45709) (Plan E: Exclusionary)</b> 72 mo   125000 mi   \$100
<b>Portfolio Express Carefree Maintenance   Maintenance Class 1 - Advanced Synthetic</b> 60 mo   100000 mi   \$0	<b>Portfolio Express Carefree Maintenance   Maintenance Class 1 - Advanced Synthetic</b> 60 mo   100000 mi   \$0	<b>Portfolio Express Carefree Maintenance   Maintenance Class 1 - Advanced Synthetic</b> 60 mo   100000 mi   \$0
<b>NAC GAP   150% F GAP - Toyota / Mazda Finance</b> 72 mo   999999 mi   \$0 Deductible	<b>NAC GAP   150% F GAP - Toyota / Mazda Finance</b> 72 mo   999999 mi   \$0 Deductible	<b>NAC GAP   150% F GAP - Toyota / Mazda Finance</b> 72 mo   999999 mi   \$0 Deductible
<b>Portfolio Express Combo   TFS Express5 Class1</b> 60 mo   999999 mi   \$0	<b>Portfolio Express Combo   TFS Express5 Class1</b> 60 mo   999999 mi   \$0	
<b>CermaPlate   CermaPlate - Platinum Package</b> 60 mo   999999 mi   \$0		

Payments are estimates. Final figures may vary based on your credit and applicable tax rate. This is not a contract, purchase order or purchase proposal. It is a summary of optional products that are available for purchase. Your signature does not obligate you to purchase the vehicle or optional products. You acknowledge that all listed products were offered to you. For complete terms and conditions regarding the listed products, see the product-related documents.

\$774.66/mo for 72 mo

\$757.56/mo for 72 mo

\$741.43/mo for 72 mo

60PM014BF

**MAINTENANCE****SANSING  
GROUP****CUSTOMER**

BUYER	CO-BUYER		
BRIAN MARGAVICH	Amanda Margavich		
ADDRESS	CITY	STATE	ZIP
10756 Trailblazer Way	Pensacola	FL	32506
EMAIL	CELL PHONE	ALTERNATE PHONE	
	(228) 257-0431	(228) 257-0431	

**COVERED VEHICLE**

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	NEW / USED	MILEAGE
2024	MAZDA	CX-5	JM3KFB DY1R0444334	New	17

**SELLING DEALER**

DEALER NAME	PHONE		
Sandy Sansing Mazda	(999) 999-9999		
ADDRESS	CITY	STATE	ZIP
6105 Pensacola BLVD	Pensacola	FL	32505




**LIENHOLDER**

LIENHOLDER NAME	PHONE		
Toyota Motor Credit Corp			
ADDRESS	CITY	STATE	ZIP
Po Box 105386	Atlanta	GA	30348

**CONTRACT INFORMATION**

Class: 1	Plan: 5-Year-Advanced
Date of Sale: 4/10/2024	Expiration Date: 4/10/2029
Purchase Price: \$1,200.00	

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

	4/10/2024		4/10/2024
BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE SIGNATURE	DATE
	4/10/2024	CHARLA PALMER	
CO-BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE NAME	

The purchase of this Maintenance Contract (Contract) is voluntary/optional and not required to purchase, lease, or obtain financing for the Vehicle. This Contract is cancellable, not a condition of credit, and it is Your decision to purchase this Contract.

Any modification, alteration, or change to the preprinted terms and conditions of this Contract are invalid and of no force or effect. This Contract contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision to determine whether Your legal rights are affected.

THIS CONTRACT IS NOT AN INSURANCE POLICY, NOR DOES IT PROVIDE SERVICES BEYOND THOSE OUTLINED HEREIN. IT IS AN AGREEMENT BETWEEN THE CUSTOMER (I, YOU, OR YOUR) AND THE PROVIDER (WE, US, OR OUR) AND ALL SERVICES MUST PERFORMED AT THE SELLING DEALER LISTED ABOVE. ALL OBLIGATIONS AND LIABILITIES FOR SERVICES COVERED BY THIS CONTRACT ARE THOSE OF THE PROVIDER. THE PROVIDER'S OBLIGATIONS ARE INSURED UNDER AN INSURANCE POLICY AS STATED IN THE OBLIGATIONS SECTION.



60APP04H31

**CUSTOMER**

BUYER

CO-BUYER

BRIAN MARGAVICH

Amanda Margavich

ADDRESS

CITY

STATE

ZIP

10756 Trailblazer Way

Pensacola

FL

32506

EMAIL

CELL PHONE

ALTERNATE PHONE

(228) 257-0431

(228) 257-0431

**COVERED VEHICLE**

YEAR

MAKE

MODEL

VEHICLE IDENTIFICATION NUMBER

NEW / USED

2024

MAZDA

CX-5

JM3KFBDY1R0444334

New

**ISSUING DEALER**

DEALER NAME

PHONE

Sandy Sansing Mazda

(999) 999-9999

ADDRESS

CITY

STATE

ZIP

6105 Pensacola BLVD

Pensacola

FL

32505

**LIENHOLDER**

LIENHOLDER NAME

PHONE

Toyota Motor Credit Corp

ADDRESS

CITY

STATE

ZIP

Po Box 105386

Atlanta

GA

30348

**PRODUCT INFORMATION**

Coverage: Platinum Package

Warranty Term: 5 YEAR(S)

Warranty Aggregate: \$5,000.00

Product Purchase Price: \$999.00

Product Purchase Date: 4/10/2024

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

BUYER SIGNATURE

4/10/2024  
DATE

DEALER REPRESENTATIVE SIGNATURE

4/10/2024  
DATE

CO-BUYER SIGNATURE

4/10/2024  
DATECHARLA PALMER  
DEALER REPRESENTATIVE NAME**NOTICES TO CUSTOMER**

1. This Warranty is not a contract of insurance.
2. This Warranty is not valid unless the first page is fully completed.
3. You are not required to purchase this Warranty in order to purchase or obtain financing for the Vehicle.
4. This Warranty supplements the manufacturer's warranty. It does not replace the manufacturer's warranty but provides certain additional benefits. Losses covered by the manufacturer's warranty are not covered under this Warranty.
5. We have no liability for anything other than the obligations set forth in this Warranty.

THESE LIMITED WARRANTIES ARE THE ONLY EXPRESS WARRANTIES APPLICABLE TO THE PRODUCT SELECTED FOR THIS VEHICLE. ANY IMPLIED WARRANTY, INCLUDING THE WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IS LIMITED IN DURATION TO THE DURATION OF THESE WARRANTIES. SOME STATES DO NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, SO THE FOREGOING LIMITATION MAY NOT APPLY TO YOU. THIS WARRANTY MAY NOT INCLUDE ALL OF THE BENEFITS OR PROTECTIONS OF AN INSURANCE POLICY ISSUED BY AN INSURER AUTHORIZED TO DO BUSINESS IN THE STATE WHERE THIS WARRANTY WAS ISSUED.

This Warranty contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision to determine whether Your legal rights are affected.



LOAN DATE: 04/10/2024

GAP WAIVER

NAC02750695

CUSTOMER/BORROWER			FINANCIAL INSTITUTION/ASSIGNED LENDER		
NAME BRIAN GEORGE MARGAVICH			NAME Toyota Motor Credit Corp		
ADDRESS 10756 Trailblazer Way			ADDRESS PO BOX 105386		
CITY Pensacola	STATE FL	ZIP 32506	CITY Atlanta	STATE GA	ZIP 30348
PHONE NO. (228) 257-0431		EMAIL	PHONE NO.		
DEALER			COLLATERAL		
DEALER NAME SANDY SANSING MAZDA					
ADDRESS 6105 PENSACOLA BLVD.,			VIN JM3KFBDY1R0444334		
CITY PENSACOLA	STATE FL	ZIP 32505	MODEL YEAR 2024	MAKE MAZDA	MODEL CX-5 PREMIUM
PHONE NO. (877) 848-6447			MSRP / NADA \$44,340.00		MILEAGE 17
FINANCING CONTRACT TERMS					
<input checked="" type="checkbox"/> LOAN <input type="checkbox"/> LEASE <input type="checkbox"/> BALLOON		TERM OF LOAN 72	MONTHLY PAYMENT \$774.66		CHARGE FOR GAP WAIVER \$849.00
AMOUNT FINANCED/LEASE CAP COST \$48,141.30		APR% 4.900	FINANCE/LEASE AGREEMENT NO.		

This GAP Waiver amends the Financing Contract and is between the Customer/Borrower (you or your) and the Dealer (we, us, or our), or if assigned with the Financial Institution/Assigned Lender.

Although not required to do so, you elect to purchase this GAP Waiver for an additional one-time charge which is shown above. You understand this GAP Waiver is not an insurance product and you may obtain similar protection from an alternate source. GAP does not take the place of insurance on the Collateral, nor does this GAP Waiver fulfill any requirements of any financial responsibility laws.

THIS GAP WAIVER IS AVAILABLE FOR PURCHASE ONLY AT THE TIME THE FINANCING CONTRACT IS ORIGINALLY EXECUTED.

The benefit under this GAP Waiver may decrease over the term of your Financing Contract. You may wish to consult an alternative source to determine whether similar coverage may be obtained and at what cost. You should carefully read the front and back of this GAP Waiver for additional information on ELIGIBILITY, EXCLUSIONS, and CONDITIONS that may prevent you from receiving benefits under this GAP Waiver.

In the event of a Constructive Total Loss to the Collateral, we agree to waive the difference between the Collateral's ACV and the outstanding balance (Net Payoff) as of the Date of Loss subject to the terms and conditions of this GAP Waiver. In addition to the provisions stated in the definition for Waiver Benefit, you will remain responsible for payment of any items stated under EXCLUSIONS and CONDITIONS. You are responsible to the Financial Institution/Assigned Lender named above under the terms of the described Financing Contract for the amount resulting from a Constructive Total Loss of the Collateral caused by the theft of or physical damage to the Collateral.

BY YOUR SIGNATURE BELOW, YOU ACKNOWLEDGE AND AGREE THAT YOUR ACCEPTANCE OF THIS GAP WAIVER IS STRICTLY VOLUNTARY AND IS NOT A REQUIREMENT IN ORDER FOR YOU TO OBTAIN CREDIT, AND DOES NOT IMPACT YOUR ABILITY TO OBTAIN ANY PARTICULAR OR MORE FAVORABLE CREDIT TERMS, AND HAS NO EFFECT ON THE TERMS OF THE RELATED SALE OF THE COLLATERAL. YOU FURTHER ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND THIS GAP WAIVER AND ITS EXCLUSIONS AND CONDITIONS AND NO OTHER VERBAL REPRESENTATIONS HAVE BEEN MADE TO YOU THAT DIFFER FROM THESE WRITTEN PROVISIONS. IF YOU PURCHASE THIS GAP WAIVER FROM THIS DEALER, YOU UNDERSTAND THAT WE MAY RETAIN ALL OR A PORTION OF THE CHARGE PAID BY YOU.

  
Customer/Borrower Signature

04/10/2024

Date

  
Dealer Signature

04/10/2024

Date

REQUEST A WAIVER BENEFIT BY CONTACTING OUR GAP ADMINISTRATOR:  
National Auto Care Corporation, 440 Polaris Parkway, Suite 250, Westerville, OH 43082 Phone (855) 333-9545

**PROCEDURE TO REQUEST A WAIVER BENEFIT:** In the event of a Constructive Total Loss, it is requested that you notify the Administrator as soon as possible, but no later than 90 days after receiving settlement from the Primary Carrier. You must provide the following documentation to the Administrator within 90 days of receiving settlement from the Primary Carrier and/or when your Collateral was deemed a Constructive Total Loss pursuant to the statutes of your state, or if no Primary Carrier coverage is in effect on the Date of Loss, within 90 days of the Date of Loss. Please submit: 1) a copy of the Financing Contract and a copy of the signed GAP Waiver; 2) copy of the Financing Contract's payment history and payoff as of the Date of Loss; 3) For situations where no Primary Carrier coverage is in effect on the Date of Loss, you must submit a legible copy of the police report that includes confirmation of the Collateral shown on the GAP Waiver; 4) a copy of the settlement check, Collateral valuation report and total loss breakdown, and Declarations Page issued by Primary Carrier; 5) copy of any refunds for cancellable products, such as credit life, credit accident and health, vehicle service agreements/contracts/warranties, and prepaid maintenance charges; and 6) any additional or reasonable documentation requested by us or the Administrator. The Administrator will not be able to obtain this information for you. No Waiver Benefit will be provided if not reported along with all documentation within these stated time periods. A Waiver Benefit will cause this GAP Waiver to terminate and be fully earned and not subject to any cancellation refund. If you do not provide the requested documents to the Administrator within 90 days of reporting your request for a Waiver Benefit to the Administrator, your request will be closed.

**CONDITIONS:** You are responsible for making at least the minimum payment owed under the terms of the Financing Contract for each payment due date scheduled after the Date of Loss until the request for a Waiver Benefit has been fully processed. Should you not have collectible automobile physical damage

60EX00A90

**EXPRESS 5****CUSTOMER**

BUYER	CO-BUYER		
BRIAN MARGAVICH	Amanda Margavich		
ADDRESS	CITY	STATE	ZIP
10756 Trailblazer Way	Pensacola	FL	32506
EMAIL	CELL PHONE	ALTERNATE PHONE	
	(228) 257-0431	(228) 257-0431	

**COVERED VEHICLE**

YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	MSRP	MILEAGE
2024	MAZDA	CX-5	JM3KFB DY1R0444334		17

**SELLING DEALER**

DEALER NAME	PHONE		
Sandy Sansing Mazda	(999) 999-9999		
ADDRESS	CITY	STATE	ZIP
6105 Pensacola BLVD	Pensacola	FL	32505




**LIENHOLDER**

LIENHOLDER NAME	PHONE		
Toyota Motor Credit Corp			
ADDRESS	CITY	STATE	ZIP
Po Box 105386	Atlanta	GA	30348

**SERVICE CONTRACT INFORMATION**

Contract Term: 5 YEAR(S)	Vehicle Class: 1
Date of Sale: 4/10/2024	Purchase Price: \$942.00
Number of Key/Key Fob(s) at Vehicle Delivery:	Optional Coverage:

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein:

	4/10/2024		4/10/2024
BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE SIGNATURE	DATE
	4/10/2024	CHARLA PALMER	
CO-BUYER SIGNATURE	DATE	DEALER REPRESENTATIVE NAME	

Portfolio Services Limited, Inc. (We, Us, or Our), agrees that the Customer (Contract Holder, You, Your, or I) listed above, in consideration of the payment of the purchase price listed above, is entitled to all the services, benefits, and privileges hereof, for and in connection with the ownership, maintenance, and use of the Covered Vehicle (Vehicle) listed above, for the period set forth, within the United States, its territories, or Canada. This Service Contract (Contract) is optional and is not required to purchase, lease, or obtain financing of the Vehicle. This Contract contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision as well as the State Provisions section for Your specific state (if Your state is included) to determine whether Your legal rights are affected.

THIS CONTRACT IS NOT AN INSURANCE CONTRACT. IT IS A CONTRACT BETWEEN YOU AND THE PROVIDER. ALL OBLIGATIONS AND LIABILITIES FOR REPAIRS COVERED BY THIS CONTRACT ARE THOSE OF THE PROVIDER. THE PROVIDER'S OBLIGATIONS ARE INSURED UNDER AN INSURANCE POLICY AS STATED IN THE OBLIGATIONS SECTION.

**AUTHORIZATION IS REQUIRED PRIOR TO THE COMMENCEMENT OF ALL REPAIRS.**

**CLAIMS TOLL FREE - (877) 705-4001**  
**ROADSIDE ASSISTANCE - (855) 215-1933**

60SCP0CB8E

☒ New ☐ Pre-Owned

**New Vehicles &  
Pre-Owned Vehicles**
**CUSTOMER**

BUYER

**BRIAN MARGAVICH**

ADDRESS

**10756 Trailblazer Way**

EMAIL

CO-BUYER

**Amanda Margavich**

CITY

**Pensacola**

CELL PHONE

**(228) 257-0431**

STATE

**FL**

ZIP

**32506**

ALTERNATE PHONE

**(228) 257-0431****COVERED VEHICLE**

YEAR

**2024**

MAKE

**MAZDA**

MODEL

**CX-5**

VEHICLE IDENTIFICATION NUMBER

**JM3KFB DY1R0444334**

IN-SERVICE DATE

**4/10/2024****SELLING DEALER**

DEALER NAME

**Sandy Sansing Mazda**

ADDRESS

**6105 Pensacola BLVD**

PHONE

**(999) 999-9999**

CITY

**Pensacola**

STATE

**FL**

ZIP

**32505****LIENHOLDER**

LIENHOLDER NAME

**Toyota Motor Credit Corp**

ADDRESS

**Po Box 105386**

PHONE

CITY

**Atlanta**

STATE

**GA**

ZIP

**30348****SERVICE CONTRACT INFORMATION**Coverage Plan: **Plan E: Exclusionary**Supplemental Coverage: **Turbocharger, All Wheel Drive**Term Months: **72 Months**Term Miles: **125000 Miles**Date of Sale: **4/10/2024**Current Mileage: **17**Expiration Date: **4/10/2030**Expiration Mileage: **125,000 miles**Deductible: **\$100.00 Reducing**Contract Price: **\$2,651.00**

I (Customer), whose signature appears below, acknowledge that the information contained above is true and correct. I have read the terms and conditions and understand and agree to all provisions herein.

*[Signature]* **4/10/2024**  
BUYER SIGNATURE DATE

*[Signature]* **4/10/2024**  
DEALER REPRESENTATIVE SIGNATURE DATE

*[Signature]* **4/10/2024**  
CO-BUYER SIGNATURE DATE

**CHARLA PALMER**  
DEALER REPRESENTATIVE NAME

**The purchase of this Service (Contract) is not required to purchase or obtain financing for the Vehicle.**

If no Coverage Plan is listed above, Plan P: Powertrain Coverage will be in effect. If no Term Months or Term Miles are listed above, coverage will be in effect for 36 Months/50,000 miles, whichever occurs first. A \$100.00 Deductible will apply unless otherwise listed above. Any modification, alteration or change to the preprinted terms and conditions of this Contract are invalid and of no force or effect. This Contract contains an arbitration provision which may affect Your legal rights, unless You live in a state that prohibits such provisions. Please review the arbitration provision as well as the State Provisions section for Your specific state (if Your state is included) to determine whether Your legal rights are affected.

THIS SERVICE CONTRACT IS NOT AN INSURANCE CONTRACT. IT IS AN AGREEMENT BETWEEN THE CUSTOMER (I, YOU, OR YOUR) AND THE PROVIDER (WE, US, OR OUR). ALL OBLIGATIONS AND LIABILITIES FOR REPAIRS COVERED BY THIS CONTRACT ARE THOSE OF THE PROVIDER. THE PROVIDER'S OBLIGATIONS ARE INSURED UNDER AN INSURANCE POLICY AS STATED IN THE OBLIGATIONS SECTION.

**AUTHORIZATION IS REQUIRED PRIOR TO THE COMMENCEMENT OF ALL REPAIRS.**

**CLAIMS TOLL FREE - (833) 487-5446  
ROADSIDE ASSISTANCE - (855) 215-1933**

# Sandy Sansing



DEAL# 225649  
STOCK# MZ12272  
CUST# 152270

## CUSTOMER LOANED VEHICLE AGREEMENT

DEALER: **SANDY SANSING SANDY SANSING MAZDA**

In consideration for Sandy Sansing **SANDY SANSING MAZDA** providing me with the vehicle shown below, WITHOUT CHARGE, I hereby make the following statements and agree to the terms and conditions detailed below:

1. I have inspected the vehicle and it is not damaged and is in good working order and I agree to return it in the same condition except for normal wear.
2. The vehicle will not be driven by anyone other than me while it is loaned to me.
3. I will not remove the vehicle from a 100 mile radius and I will return the vehicle to Sandy Sansing **SANDY SANSING MAZDA** by or before **04/10/2024**

(Return Due Date)

My failure to return the vehicle when due will constitute illegal conversion of the vehicle.

4. I am a legally licensed driver and I have the insurance coverages shown below with:

(A copy of valid insurance card and driver's license must be attached)

**GEICO**

**6016540525/09245**

Insurance Company Name

Policy#

A. Personal Injury Protection (PIP).

B. Personal & Property Damage Liability of at least \$50,000.

C. Comprehensive & Collision coverages with no more than a \$1000 deductible.

**NOTICE:** You are hereby notified that Sandy Sansing **SANDY SANSING MAZDA** is electing, and you hereby agree, to make your personal insurance carrier(s) primary as to any and all claims arising out of your use and operation of the loaned vehicle.

Furthermore, you are hereby notified that you will have no insurance coverage on the vehicle through Sandy Sansing **SANDY SANSING MAZDA** beyond that of your personal insurance carrier(s).

### VEHICLE INFORMATION :

YEAR	MAKE	MODEL	VIN#	TAG#	DATE LOANED	ODOMETER OUT
2024	MAZDA	CX-5	JM3KFB DY1R0444334		04/10/2024	17
NAME				DL#		
BRIAN GEORGE MARGAVICH				M621067801630		
ADDRESS				DL STREET		COPY OF DRIVERS LICENSE MUST BE ATTACHED
10756 TRAILBLAZER WAY				FL		
CITY		STATE		ZIP		
PENSACOLA		FL		32506		
PHONE [H]		PHONE [W]		PHONE [C]		
(228) 257-0431				(228) 257-0431		
CUSTOMER SIGNATURE			DATE	MANAGER SIGNATURE		DATE
			04/10/2024			04/10/2024

### VEHICLE RETURN:

DATE RETURNED

ODOMETER-IN

04/10/2024

EMPLOYEE SIGNATURE

DATE



**Florida** DRIVER LICENSE

USA

CLASS E

IDENTIFICATION NUMBER: M621-067-80-163-0

1 MARGAVICH  
2 BRIAN GEORGE  
3 10756 TRAILBLAZER WAY  
4 PENSACOLA, FL 32506

5 DOB: 05/03/1980 6 SEX: M  
7 EXP: 05/03/2028 8 HGT: 6'-02"  
9 REST: NONE 10 END: NONE

11 ISS: 02/13/2019  
12 DEC: A761902158100

13 B. G. 1/1/2

14 Operation of a motor vehicle constitutes  
15 consent to any sobriety test required by law.

16 DONOR

↑  
Correct  
Address

Correct  
Address



Florida DRIVER LICENSE

M621-012-80-836-0 CLASS B

MARGA VICH  
10756 TRAIL BLAZER WAY  
PENSACOLA, FL 32506  
DOB: 09/16/1980 SEX: F  
SAFE DRIVER  
EXP: 09/16/2027  
REST: NONE  
END: NONE  
EXP: 04/25/2019  
SEC: A761904258094

Operator of a motor vehicle controlled by law  
subject to any liability that may be required by law

USA



### Important Information

Here are your Policy Identification Cards

We've provided two (2) cards for each vehicle on your policy.

### Need additional ID cards?

The GEICO Mobile app is the quickest way to get additional ID cards. You can also send a copy of your ID cards to anyone that needs them right from the app!

If your address changes, update it using the app or log in to [geico.com](https://www.geico.com). By keeping your information up-to-date, you'll continue to receive important policy documents.

BRIAN G MARGAVICH AND AMANDA L  
MARGAVICH  
10756 TRAILBLAZER WAY  
PENSACOLA FL 32506

Cut Along the Dotted Line

Cut Along the Dotted Line

#### Florida Automobile Insurance Identification Card

**GEICO** GOVERNMENT EMPLOYEES INSURANCE  
COMPANY

Policy Number / Florida Code No.      Effective Date  
6016-54-05-25/ 09245                      02/11/24

☒ Personal Injury Protection      ☒ Bodily Injury Liability  
Benefits/Property Damage Liability

Named      Brian George Margavich

Insured(s)      Amanda-Lee Margavich

2024 MAZDA CX-5

Vehicle ID No. JM3KFBDY1R0444334

Not valid more than one year from the effective date

FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE FOLD HERE

2024 MAZDA CX-5

Additional Drivers

Hayley Marie Margavich

#### Florida Automobile Insurance Identification Card

**GEICO** GOVERNMENT EMPLOYEES INSURANCE  
COMPANY

Policy Number / Florida Code No.      Effective Date  
6016-54-05-25/ 09245                      02/11/24

☒ Personal Injury Protection      ☒ Bodily Injury Liability  
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2024 MAZDA CX-5

Vehicle ID No. JM3KFBDY1R0444334

Not valid more than one year from the effective date

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2024 MAZDA CX-5

Additional Drivers

Hayley Marie Margavich

# AGREEMENT TO FURNISH INSURANCE POLICY

DEAL# 225649  
STOCK# MZ12272  
CUST# 1522270

Date 04/10/2024

To Seller/Lessor SANDY SANSING MAZDA  
6105 PENSACOLA BLVD, PENSACOLA, FL, 32505

The undersigned Buyer/Lessee(s) agree(s) to furnish his/their own Insurance Policy, covering a vehicle which is the subject of a credit sale contract/lease dated this 10 day of APRIL, YR 2024

The vehicle referred to herein is described as follows:

Year	Make	Model	Body Type	Vehicle Identification No.
<u>2024</u>	<u>MAZDA</u>	<u>CX-5</u>	<u>WAGON 4 DR.</u>	<u>JM3KFBDY1R0444334</u>

Such Insurance Policy must be delivered to the Seller/Lessor within 30 days from the date of this Agreement. The following is not an acceptable policy: Maintenance or repair contracts, One Month Policies or Insurance Certificates that make reference to a "Master Insurance Agreement." If Seller/Lessor does not receive such Policy by the time stated, Seller/Lessor may (but is not required to) procure insurance of the kind and type agreed to be furnished under the terms of the credit sale contract/lease. Such insurance may cover only Seller's/Lessor's interest in the vehicle as the law allows.

Ins. Co. GEICO Agent ONLINE

1-GEICO CENTER MACON GA 31295

(800) 841-3000

ADDRESS OF AGENT - STREET

CITY

STATE

ZIP

AGENT'S PHONE NUMBER

Policy No. 6016540525/09245

Exp. Date 08/11/2024

☐ Fire & Theft - ☐ Additional Coverage - ☒ \$ 500 Deductible Comprehensive - ☒ \$ 500 Deductible Collision

In the event Buyer/Lessee(s) fail(s) to furnish a valid insurance policy, or written evidence of insurance, of the type required under the credit sale contract/lease, Buyer/Lessee(s) hereby agree(s) to pay to Seller/Lessor or assignees any earned premium for any policy they may have to place for the above described vehicle in accordance with repayment procedures set forth in the credit sale contract/lease.

Buyer/Lessee(s) further agree(s) to assume any and all responsibility for damage to the vehicle or resulting from the use, maintenance or operation of the vehicle, and agree to hold Seller/Lessor free of any loss, claim, or liability resulting from any damage to the vehicle or from the vehicle's use, maintenance or operation.

Loss Payee MAZDA FINANCIAL SERVICES

Loss Payee's Address PO BOX 330 WILLIAMSVILLE NY 14231

**NOTICE TO BUYER/LESSEE:** This Agreement does not authorize the Seller/Lessor to order Public Liability or Property Damage Insurance. Any insurance ordered by the Seller/Lessor or Seller's/Lessor's Assignee will cover loss of or damage to the vehicle and will not include Public Liability or Property Damage Insurance.

BUYER'S/LESSEE'S NAME (Printed) BRIAN GEORGE MARGAVICH AMANDA LEE MARGAVICH

ADDRESS 10756 TRAILBLAZER WAY

HOME PHONE (228) 257-0431 BUSINESS PHONE

PENSACOLA FL 32506

X [Signature]  
BUYER'S/LESSEE'S SIGNATURE

X [Signature]  
CO-BUYER'S/CO-LESSEE'S SIGNATURE

# **STOP... Your Loan is not approved until:**

DEAL# 225649

STOCK# MZ12272

CUST# 1522270

## **Your Job is Verified**

- Do not change or quit jobs before your loan is complete! Should you become unemployed, your loan will not go through.

## **Welcome Call is Completed**

- The bank will call you, if you miss their call, it is important that you return their call ASAP.

## **Proof of Income is Provided**

- Be sure POI will match as stated on the Credit Application.
- Bank Statement (3 Months)
- SSI/VA/MIL Award Letter(s)
- Child Support (Court Ordered & Paid)

## **Proof of Residence is Provided**

- Must match the address on the contract.
  - Phone Bill - Credit Card Bill
  - Utility Bill - Driver's License
  - Cable Bill - Bank Statement

*Please make Sure Utility Bills Are NOT Past Due!*

## **(5) Complete References are Provided**

- Please Include Full Name, Address & Phone Number

## **All Down Payment is Received**

I agree to have all stipulations met by 5:00pm the next business day, failure to do so will result in the temporary tag/temporary transfer of tag to be voided and the vehicle will be returned (if already delivered) and available for sale to the public immediately.

X

*B. Spis*

X

*Arda nel*



# Mazda North America Operations Vehicle Invoice

04/11/2024

GULF REGION  
MAZDA MOTOR OF AMERICA, INC.  
HOUSTON, TX 77094

Invoice Date: 12/08/2023  
Invoice No.: 2023120801928

Dealer 23867  
SANDY SANSING MAZDA  
6105 PENSACOLA BLVD  
PENSACOLA, FL 32505

Dealer Bank / Finance Company  
JPMORGAN CHASE BANK, N.A.  
150 W. UNIVERSITY DR. BLDG G  
DEPT. AZ1-5702  
TEMPE, AZ 85281  
Acct #

MODEL	YEAR	VIN	ENGINE NBR	POE	EQP	INVOICE AMT	RETAIL AMT
CX5 PR TXA	2024	JM3KFB DY1R0444334	PY 31534270	JXM35		\$ 36,855.00	\$ 37,800.00
EXTERIOR INTERIOR Equipment	SOUL RED CRYSTAL METALLIC				46V		
	BLACK				KG2		
	ALL STATE EMISSION				AE1	\$ 0.00	\$ 0.00
	BLACK LUG NUTS & BLACK WHEEL LOCKS				BLL	\$ 180.00	\$ 225.00
	CARGO MAT				CGM	\$ 80.00	\$ 100.00
	PORTFOLIO				FOL	\$ 0.00	\$ 0.00
	ILLUMINATED DOOR SILL PLATES				ISP	\$ 400.00	\$ 500.00
	SOUL RED CRYSTAL METALLIC PAINT CHARGE				JCR	\$ 530.00	\$ 595.00
	SIRIUS SATELLITE RADIO				SA3	\$ 0.00	\$ 0.00
	ROOF RAIL & CROSS BAR PKG				1CB	\$ 600.00	\$ 750.00
	TURBO PREMIUM PACKAGE				2PR	\$ 0.00	\$ 0.00
TRANSPORTATION						\$ 1,375.00	\$ 1,375.00
Total Before Applicable Discounts						\$ 40,020.00	\$ 41,345.00
Total Invoice Amount						\$ 40,020.00	\$ 41,345.00

This invoice may not reflect dealer's ultimate vehicle cost given any incentives, rebates, allowances, holdback, etc.

Load Number GU0268163 EPLAN38419  
GU SPLAN40020 DH000378 COOP0990 SMAG0000 SMAD0000

# WE OWE

DEAL#: 225649  
CUST #: 1522242

NAME AMANDA LEE MARGAVICH, BRIAN GEORGE MAI STK. NO MZ12272 NEW XX USED    

ADDRESS 10756 TRAILBLAZER WAY YEAR 2024 MAKE MAZDA MODEL CX-5

CITY PENSACOLA FL     ZIP 32506

PHONE (228) 233-6785 SERIAL NO. JM3KFBDY1R0444334

SALESMAN QUINTON ELIAS

DEL. DATE 04/10/2024

QTY.	NAME OF ITEM	PART	LABOR
	Nothing Promised, Nothing Owed		

No verbal promises or representations have been made except                      I hereby accept this WE OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.

(FOR APPOINTMENT CALL SERVICE DEPT.)

# YOU OWE

YOU OWE	TO BE RECEIVED		YOU OWE	TO BE RECEIVED	
	DATE	TIME		DATE	TIME
1) Title To Trade In Vehicle			4) Other		
2) All Monies			5) Other		
3) Valid Insurance Card			6) Other		

I hereby agree to provide such items in a timely manner:

Date 04/10/2024

Customer 

Approved 

Manager DEMARCUS HORNE

THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, AS TO CONTENT OR FITNESS FOR PURPOSE OF THIS FORM. CONSULT YOUR OWN LEGAL COUNSEL



Mazda North America Operations  
Vehicle Invoice

02/16/2024

GULF REGION  
MAZDA MOTOR OF AMERICA, INC.  
HOUSTON, TX 77094

Invoice Date: 12/08/2023  
Invoice No.: 2023120801928

Dealer 23867  
SANDY SANSING MAZDA  
5105 PENSACOLA BLVD  
PENSACOLA, FL 32505

MZ 12272

Dealer Bank / Finance Company  
JPMORGAN CHASE BANK, N.A.  
150 W. UNIVERSITY DR. BLDG G  
DEPT. AZ1-5702  
TEMPE, AZ 85281  
Acct #

MODEL	YEAR	VIN	ENGINE NBR	POE	EQP	INVOICE AMT	RETAIL AMT
CX5 PR TXA	2024	JM3KFB DY1R0444334	PY 31534270	JXM35		\$ 36,855.00	\$ 37,800.00
EXTERIOR	SOUL RED CRYSTAL METALLIC				46V		
INTERIOR	BLACK				KG2		
Equipment	ALL STATE EMISSION				AE1	\$ 0.00	\$ 0.00
	BLACK LUG NUTS & BLACK WHEEL LOCKS				BLL	\$ 180.00	\$ 225.00
	CARGO MAT				CGM	\$ 80.00	\$ 100.00
	PORTFOLIO				FOL	\$ 0.00	\$ 0.00
	ILLUMINATED DOOR SILL PLATES				ISP	\$ 400.00	\$ 500.00
	SOUL RED CRYSTAL METALLIC PAINT CHARGE				JCR	\$ 530.00	\$ 595.00
	SIRIUS SATELLITE RADIO				SA3	\$ 0.00	\$ 0.00
	ROOF RAIL & CROSS BAR PKG				1CB	\$ 600.00	\$ 750.00
	TURBO PREMIUM PACKAGE				2PR	\$ 0.00	\$ 0.00
TRANSPORTATION						\$ 1,375.00	\$ 1,375.00
Total Before Applicable Discounts						\$ 40,020.00	\$ 41,345.00
Total Invoice Amount						\$ 40,020.00	\$ 41,345.00

This invoice may not reflect dealer's ultimate vehicle cost given any incentives, rebates, allowances, holdback, etc.

Load Number	GU0268163	EPLAN38419					
GU		SPLAN40020	DH000378	COOP0990	SMAG0000	SMAD0000	





ORIGIN  
Mazda - Jacksonville  
9240 Blount Island Boulevard  
Jacksonville, FL 32226

DESTINATION  
SANDY SANSING MAZDA  
6105 PENSACOLA BLVD  
Pensacola, FL 32505

## Load ID (Approx. Lat./Lng.)

10434964 (CR: 1739438)

O: 30.3991, -81.5443

D: 30.4757, -87.2507

## Delivery Time Stamp

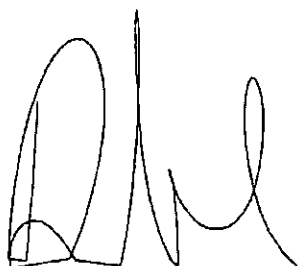
02/09/2024 03:17 PM

## Server Time Stamp

02/09/2024 04:17 PM

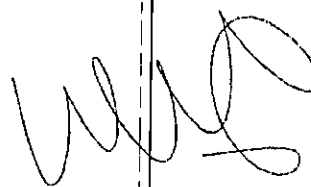
Unit Info					Exceptions Recorded			
VIN	Ref No	Make	Model	Area	Type	Sev	Alt	Comment
JM3KFBCL0R0444587 o:9926979		Mazda	CX-5					MZ12270
JM3KFBDL9R0443310 o:9927204		Mazda	CX-5					MZ12271
JM3KFBDY1R0444334 o:9927206		Mazda	CX-5					MZ12272
JM3KFBAY3R0449278 o:9956628		Mazda	CX-5					MZ12273

## Client Signature



DESTINH CLARK

## Driver Signature



HARRISON, WILLIAM

For all damages/exceptions or shortages discovered on vehicles delivered after-hours or Subject to Inspection (STI), please email  
CLAIMS@HANSENADKINS.COM (mailto:CLAIMS@HANSENADKINS.COM)

\*Transportation damage codes and pictures must be included to support ALL claims\*

Use the following five-digit coding system to document all damages/exceptions:

Damage Area, Damage Type, Damage Severity

Failure to provide all documentation may result in a claim denial!



## APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

Deal # 225649

Please submit this form to your local tax collector office or license plate agency.

Stock # MZ12272

[www.flhsmv.gov/locations](http://www.flhsmv.gov/locations)

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☒ Original ☐ TransferRequest to print Certificate of Title: ☒ No ☐ Yes: In office ☐ Yes: MailedOff-Highway Vehicle Type: ☐ All-Terrain Vehicle (ATV)☐ Recreational Off-Highway Vehicle (ROV)☐ Off-Highway Motorcycle (OHM)

## Section 1: OWNER/APPLICANT INFORMATION

Customer Number 215903442	Fleet Number	Unit Number	Owner's County of Residence ESCAMBIA			
Owner Details:		Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input checked="" type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")			Select, if applicable: <input type="checkbox"/> Tenancy by the Entirety		<input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> With Rights of Survivorship	
Owner's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) BRIAN GEORGE MARGAVICH		Owner's Phone Number (Voluntary)		Owner's Email (Voluntary)	Sex M	Date of Birth 05/03/1980
FL DL/ID or FEID/Suffix Number M621067801630	Owner's Mailing Address 10756 TRAILBLAZER WAY		City PENSACOLA	State FL	Zip Code 32506	
Owner's Residential Street Address 10756 TRAILBLAZER WAY			City PENSACOLA	State FL	Zip Code 32506	
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)		Mail To's Email (Voluntary)	Sex	Date of Birth
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State	Zip Code	
Co-Owner Details:		Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Are you a US Citizen? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as It Appears on Driver License (First, Full Middle/Maiden, & Last Name) AMANDA LEE MARGAVICH		Co-Owner's Phone Number (Voluntary)		Co-Owner's Email (Voluntary) btrflyprincess@gmail.com	Sex F	Date of Birth 09/16/1980
FL DL/ID or FEID/Suffix Number M621012808360	Co-Owner's/Lessee's Mailing Address 10756 TRAILBLAZER WAY		City PENSACOLA	State FL	Zip Code 32506	
Co-Owner's/Lessee's Residential Street Address 10756 TRAILBLAZER WAY			City PENSACOLA	State FL	Zip Code 32506	

## Section 2: MOTOR VEHICLE DESCRIPTION

Vehicle Identification Number (VIN) JM3KFB DY1R0444334		Florida Title Number 154777910		License Plate Number 60EMYM		Previous State of Issue		
Make/Manufacturer MAZD	Model CX-5	Year 2024	Body UT	Color RED	Length Ft. ____ In ____	Weight 3856	GVW	BHP/CC
Van Use (If applicable) <input type="checkbox"/> Passenger <input type="checkbox"/> Other		Fuel Type <input type="checkbox"/> Natural Gas (Liquid) <input type="checkbox"/> Natural Gas (Compressed) <input type="checkbox"/> Hybrid (Gas/Electric) <input type="checkbox"/> Hybrid (Diesel/Electric) <input type="checkbox"/> Electric						

## Section 3: BRANDS, USAGE AND TYPE (Check applicable types)

<input type="checkbox"/> Assembled from Parts	<input type="checkbox"/> Autonomous	<input type="checkbox"/> Bonded Title	<input type="checkbox"/> Custom	<input type="checkbox"/> Electric	<input type="checkbox"/> Flood	<input type="checkbox"/> Glider Kit	<input type="checkbox"/> ILEV	<input type="checkbox"/> Kit Car
<input type="checkbox"/> Long Term Lease	<input type="checkbox"/> Manuf. Buy Back	<input type="checkbox"/> Police Veh.	<input checked="" type="checkbox"/> Private Use	<input type="checkbox"/> Rebuilt	<input type="checkbox"/> Replica	<input type="checkbox"/> Short Term Lease	<input type="checkbox"/> Street Rod	<input type="checkbox"/> Taxicab

## Section 4: LIENHOLDER INFORMATION (If applicable)

ELT Customer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FEID/Suffix # 208103257	<input checked="" type="checkbox"/> DMV Account #	<input type="checkbox"/> DL/ID #, Sex and DOB	Lienholder's Phone Number (Voluntary)	Lienholder's Email (Voluntary)	
Date of Lien 04/10/2024	Lienholder's Mailing Address PO BOX 30203			City COLLEGE STATION	State TX	Zip Code 77842
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) TOYOTA MOTOR CREDIT CORP				<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the motor vehicle title to the owner and sign here: _____		

## Section 5: TRANSFER TYPE (If applicable)

If ownership has transferred, how and when was the motor vehicle acquired? <input checked="" type="checkbox"/> Sale (Price: \$ _____) <input type="checkbox"/> Gift <input type="checkbox"/> Repossession <input type="checkbox"/> Court Order <input type="checkbox"/> Other (Specify): _____		Date Acquired: 04 / 10 / 2024
---	--	----------------------------------

## Section 6: 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/we state that this <input type="checkbox"/> 5 or <input checked="" type="checkbox"/> 6-digit odometer now reads _____ 1 7 .xx miles. (No tenths)		Date Read: 04 / 10 / 2024
I/we hereby certify that to the best of my/our knowledge the odometer reading: <input checked="" type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE. <input type="checkbox"/> 2. IS NOT THE ACTUAL MILEAGE. <input type="checkbox"/> 3. IS IN EXCESS OF ITS MECHANICAL LIMITS.		



FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF MOTOR VEHICLE TITLE

**Section 7: DEALER SALES TAX REPORT AND MOTOR VEHICLE TRADE IN INFORMATION (If applicable)**

Florida Sales Tax Registration Number 2780120489793	Dealer License Number VF10019571	Date of Sale 04/10/2024	Amount of Tax 2590.47	Dealer/Agent Signature <i>Lisa Bueh</i>
Year of Trade In	Make of Trade In	Title Number of Trade In (If known)	Vehicle Identification Number (VIN) of Trade In	

**Section 8: MOTOR VEHICLE IDENTIFICATION NUMBER VERIFICATION**

This section requires a physical inspection and a verification of the vehicle identification number (VIN) (or the motor number for motor vehicles manufactured prior to 1955) of the motor vehicle described on this form by a licensed Florida dealer, Florida notary public, law enforcement officer, or authorized FLHSMV, tax collector (TC) or license plate agency (LPA) employee. **Complete this section on all used motor vehicles, including trailer (with abbreviation of "TL" and a weight of 2,000lbs or more), not currently titled in Florida.**

I, the undersigned, certify that I have physically inspected the above-described vehicle:

Vehicle Identification Number (VIN)	Name Certifying Inspector	Certifying Inspector Signature	Date 04/10/2024
Select which option best represents the certifying inspector:			<input type="checkbox"/> Florida Notary Public (Stamp or Seal)
<input type="checkbox"/> Law Enforcement	Agency Name:	Badge Number:	
<input checked="" type="checkbox"/> Florida Dealer	Dealer Name: Sandy Sansing Mazda	Dealer Number: VF10019571	
<input type="checkbox"/> FLHSMV	Office Name:	User ID/Badge:	
<input type="checkbox"/> Tax Collector or License Plate Agency	Agency Name:	County/Agency:	Signature:

**Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)**

The purchase of a recreational vehicle to be offered for rent as living accommodations does not qualify for exemption. I certify the motor vehicle described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

<input type="checkbox"/> Purchaser (state agencies, counties, etc.) holds valid exemption certificate	<input type="checkbox"/> Vehicle will be used exclusively for rental.
Consumer's Certificate of Exemption Number:	Sales Tax Registration Number:
I hereby certify that ownership of the motor vehicle described on this application, is not subject to Florida Sales and Use Tax for the following reason:	
<input type="checkbox"/> Inheritance <input type="checkbox"/> Gift <input type="checkbox"/> Divorce Decree <input type="checkbox"/> Transfer between a married couple <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Even trade or trade down _____ (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)	

**Section 10: REPOSESSION DECLARATION**

☐ I certify that this motor vehicle was repossessed upon default in the terms of the lien instrument and is now in my possession.

**Section 11: NON-USE AND OTHER CERTIFICATIONS**

If checked, the following certifications are made by the applicant:

- ☐ I certify that the certificate of title is lost or destroyed.  
☐ The vehicle identified will not be operated on the streets and highways of this state until properly registered.  
☐ Other: (explain) \_\_\_\_\_

**Section 12: APPLICATION ATTESTMENT AND SIGNATURES**

I/We physically inspected the VIN. (More than one form HSMV 82040 may be used for additional signatures.)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Full Name of Applicant, Owner BRIAN GEORGE MARGAVICH	Signature of Applicant, Owner <i>By POA: [Signature]</i>	Date 04/10/2024
Full Name of Applicant, Co-Owner AMANDA LEE MARGAVICH	Signature of Applicant, Co-Owner <i>By POA: [Signature]</i>	Date 04/10/2024

**Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)**

The undersigned person(s) state(s) that \_\_\_\_\_ died on \_\_\_\_\_  
(Name of deceased) (Date)

- ☐ Testate (with a will)   ☐ Intestate (without a will) and left the surviving heir(s) named below.  
☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

(More than one form HSMV 82040 may be used for additional signatures.)

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date

That at the time of death the decedent was owner of the motor vehicle described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid motor vehicle to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date

# CERTIFICATE OF ORIGIN FOR A VEHICLE



DATE 02/06/2024 INVOICE NO. 2023120801928  
VEHICLE IDENTIFICATION NO. JM3KFBDY1R0444334 YEAR 2024 MAKE MAZDA  
BODY TYPE SUV SHIPPING WEIGHT 3856  
H.P. (S.A.E.) 227 G.V.W.R. NO. CYLS 4C SERIES OR MODEL CX5 PR TXA

THIS VEHICLE HAS BEEN CERTIFIED FOR SALE IN ALL 50 STATES AND AS SUCH COMPLIES WITH CALIFORNIA MOTOR VEHICLE EMISSION REQUIREMENTS.

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

SANDY SANSING CARS, INC.  
DBA SANDY SANSING MAZDA  
6105 PENSACOLA BLVD  
PENSACOLA, FL 32505

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

MAZDA MOTOR OF AMERICA, INC.



BY

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(AGENT)

1421 REYNOLDS AVENUE  
IRVINE, CALIFORNIA 92614

CITY STATE

MD11064021  
GU 23867

	<p>Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of law that the vehicle is new and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein and warrant title to the vehicle.</p> <p style="text-align: center;">FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO:</p>	
DISTRIBUTION-DEALER ASSIGNMENT NUMBER 1	<p>NAME OF PURCHASER(S) <u>Brian George Margavich or Amanda Lee Margavich</u></p> <p>ADDRESS <u>10756 Trailblazer Way Pensacola FL 32506</u></p> <p>I certify to the best of my knowledge that the odometer reading is _____ No Tenths</p> <p><u>Sandy Sanning Mazda</u> DEALER'S LICENSE NUMBER <u>VF 100195571</u> BY: <u>Love Ang</u></p> <p>State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____</p> <p>County of _____ Notary Public</p> <p style="text-align: center;">USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION</p>	
DISTRIBUTION-DEALER ASSIGNMENT NUMBER 2	<p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>I certify to the best of my knowledge that the odometer reading is _____ No Tenths</p> <p>DEALER _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ BY: _____</p> <p>State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____</p> <p>County of _____ Notary Public</p> <p style="text-align: center;">USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION</p>	
DISTRIBUTION-DEALER ASSIGNMENT NUMBER 3	<p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>I certify to the best of my knowledge that the odometer reading is _____ No Tenths</p> <p>DEALER _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ BY: _____</p> <p>State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____</p> <p>County of _____ Notary Public</p> <p style="text-align: center;">USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION</p>	
DISTRIBUTION-DEALER ASSIGNMENT NUMBER 4	<p>NAME OF PURCHASER(S) _____</p> <p>ADDRESS _____</p> <p>I certify to the best of my knowledge that the odometer reading is _____ No Tenths</p> <p>DEALER _____ NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____ BY: _____</p> <p>State of _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____</p> <p>County of _____ Notary Public</p> <p style="text-align: center;">USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION</p>	
ODOMETER DISCLOSURE FOR RETAIL SALE	<p>Federal Law requires you to state the odometer mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.</p> <p>I, _____, to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked. Odometer reading is _____ No Tenths. <input type="checkbox"/> The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> The odometer reading is not the actual mileage.</p> <p style="text-align: right;"><b>WARNING ODOMETER DISCREPANCY</b></p> <p>Signature(s) of Seller(s) _____ Date of Statement _____ Date of Sale _____</p> <p>Printed Name(s) of Seller(s) _____ Dealer's No. _____ Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____ 20____</p> <p>Signature(s) of Purchaser(s) _____ Notary Public</p> <p>Printed Name(s) of Purchaser(s) _____ State of _____</p> <p>Company Name (If Applicable) _____ County of _____</p> <p>Address of Purchaser(s) _____</p> <p style="text-align: center;">USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION</p>	
LIENHOLDER	<p>1st lien in favor of <u>Toyota Motor Credit Corp</u></p> <p>whose address is <u>P.O. Box 30203 College Station TX 77842</u></p> <p>2nd lien in favor of _____</p> <p>whose address is _____</p>	

THE UNDERSIGNED HEREBY CERTIFIES THE FOLLOWING FACTS REGARDING THE VEHICLE DESCRIBED:

VIN#: JM3KFB DY1R0444334

- Under penalties of perjury, I declare that I have read the foregoing document and swear that the facts in it are true.

Affiant Signature: 

(Instructions on Reverse Side)

☒ **Manufacturer's Statement or Certificate of Origin**☐ **Yes**

☒ No



Vehicle Identification Number	Year	Make	Model	Body
JM3KFB DY1R0444334	2024	MAZD	CX-5	UT

Name of Seller(s)/Agent (Print)	DL/ID#, DMS ACCT#, FEID#	DEALER/AUCTION LICENSE (if applicable)
Sandy Sansing Mazda		VF10019571
Street Address	City	State
6105 PENSACOLA BLVD	Pensacola	FL
		Zip
		32505
Selling Price (If Applicable)	Sales Tax Collected (If Applicable)	Sales Tax Reg. No. (If Applicable)
	2446.62 2590.47	2780120489793
Purchaser and Co-Purchaser's Printed Name(s)		Date of Sale
BRIAN GEORGE MARGAVICH	AMANDA LEE MARGAVICH	04/10/2024
Purchaser's Address	City	State
10756 Trailblazer Way	Pensacola	FL
		Zip
		32506
Co-Purchaser's Address (If applicable)	City	State
10756 Trailblazer Way	Pensacola	FL
		Zip
		32506
Auction Name (If applicable)	Auction License Number	State of License
		Date of Auction
Street Address	City	State
		Zip


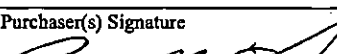
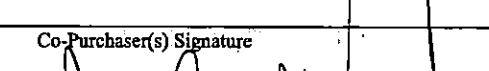
**WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.**

I/WE STATE THAT THIS ☐ 5 OR ☒ 6 DIGIT ODOMETER NOW READS,    ,    XX (NO TENTHS) MILES,  
DATE READ 04 / 10 / 2024, AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING.

**CAUTION:  
READ CAREFULLY  
BEFORE YOU  
CHECK A BOX**

- ☒ 1. REFLECTS ACTUAL MILEAGE  
☐ 2. IS IN EXCESS OF ITS MECHANICAL LIMITS  
☐ 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

Printed Name of seller(s)/Agent <b>Sandy Sansing Mazda</b>	Seller(s)/Agent Signature 
Printed Name of Co-seller (If applicable)	Co-Seller Signature (If applicable)
Purchaser(s) Signature 	Co-Purchaser(s) Signature 
Purchaser(s) Printed Name First, Full Middle or Maiden, Last <b>BRIAN GEORGE MARGAVICH</b>	Co-Purchaser(s) Printed Name First, Full Middle or Maiden, Last <b>AMANDA LEE MARGAVICH</b>

**NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.**

ORIGINAL: SUBMIT WITH APPLICATION FOR TITLE

**COPY: SELLER/DEALER RETAIN IN FILE**

HSMV 82994 (REV. 04/14) S

**NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS DOCUMENT**

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**POWER OF ATTORNEY FOR A MOTOR VEHICLE, MOBILE HOME, VESSEL or VESSEL with TRAILER**

Please submit this form to your local tax collector office or license plate agent.

<http://www.flhsmv.gov/locations/>

As of today, 04/10/2024, I/we hereby name and appoint, Kathy Bedsole,  
(Full Legibly Printed Name is Required)

to be my/our lawful attorney-in-fact to act for me/us, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home, vessel, or vessel with a trailer described below, and to print my/our name and sign their name, in my/our behalf. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me/us in as sufficient a manner as I/we or myself/ourselves could do, were I/we personally present and signing the same.

With full power of substitution and revocation, I/we hereby ratify and confirm whatever my/our said attorney-in-fact may lawfully do or cause to be done in the virtue hereof.

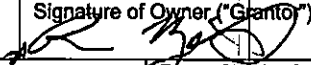
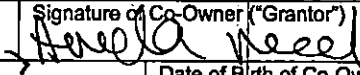
Please check only one of the following options:

☒ Motor Vehicle    ☐ Mobile Home    ☐ Vessel    ☐ Vessel with an Untitled Trailer  
(Trailers less than 2,000 pounds)    ☐ Vessel with a Titled Trailer  
(Trailers 2,000 pounds or more)

Year	Make/Manufacturer	Body Type	Title Number	Vehicle Identification Number (VIN)/ Hull Identification Number (HIN)
2024	MAZD	UT		JM3KFB DY1R0444334

**NOTICE TO OWNER(S):** Please complete this form in its entirety prior to signing.

**Under penalties of perjury, I/we declare that I/we have read the foregoing document and that the facts stated in it are true.**

Legibly Printed Name of Owner ("Grantor") <b>BRIAN GEORGE MARGAVICH</b>		Signature of Owner ("Grantor") 	
Driver License, Identification Card or FEID Number of Owner <b>M621067801630</b>		Date of Birth of Owner, if applicable <b>05/03/1980</b>	
Owner's Address <b>10756 TRAILBLAZER WAY</b>	City <b>PENSACOLA</b>	State <b>FL</b>	Zip Code <b>32506</b>
Legibly Printed Name of Co-Owner ("Grantor"), if applicable <b>AMANDA LEE MARGAVICH</b>		Signature of Co-Owner ("Grantor") 	
Driver License, Identification Card or FEID Number of Co-Owner <b>M621012808360</b>		Date of Birth of Co-Owner, if applicable <b>09/16/1980</b>	
Co-Owner's Address <b>10756 TRAILBLAZER WAY</b>	City <b>PENSACOLA</b>	State <b>FL</b>	Zip Code <b>32506</b>

This non-secure power of attorney form may be used when an individual or entity appointed as the attorney-in-fact will be completing the odometer disclosure statement as the buyer only or the seller only. However, this form cannot be used to allow an individual or entity (such as a dealership) to sign as both buyer and seller for the purpose of disclosing the odometer reading. This may be accomplished only with the secure power of attorney (HSMV 82995) when:

- (a) the title is physically being held by the lienholder; or
- (b) the title is lost.

A licensed dealer and his/her employees are considered a single entity. The Owner and/or Co-owner must be the same for ALL vehicles, mobile homes, vessels, or vessels with a trailer listed above.