



C\$15061898-6



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Hendrick Honda Hickory

Fax Image to: Pentagon Federal Credit Union

Application Number: 44066006

Applicant(s): JANICE BABB / SANDI YVONNE HANNAH

Date/Time: Date: 10/17/2017 09:58:23 PT

Documents Included: Please check appropriate boxes

- Membership Application (if applicable)
- Copy of applicant's and co-applicant's valid Drivers license(s)
- Risk Based Pricing Notice (Credit Score Disclosure Form)
- Retail Installment Contract (RIC) (LAW Form 553) assigned to the Credit Union with "Assigned without recourse" box selected
- Purchase Order or Buyers Agreement
- Dealer Assignment & Buyer's Consent to Assignment Form (Completed)
- Signed Credit Application
- 2 Complete References for All Applicants (name, full address and phone number, not living with each other or the applicants)
- Dealer Invoice or Booksheets w/VIN
- Copy of Warranty/Service Contract showing CU as lienholder
- Agreement to Furnish Insurance Form Max Deductible=\$500
- Proof of Insurance
- Copy of Department of Motor Vehicle paperwork
- Copy of Guaranteed Auto Protection (GAP) form showing CU as lienholder
- Notice to Co-Signer (if applicable)
- POI Required ONLY If Requested

Please FAX to 916 631 4690

This application is for an individual membership account only. If you wish to add a joint account holder or beneficiary to your account, please contact us at 800-247-5626.



Membership Information

(6B)

999-99-9999

Member Name (First, M., Last): JANICE BABB

Full SSN: 245-49-2315

Date of birth: 01/01/1900

Email address: (JAB)

Mailing address (street/city/state/zip): 20 HUSTED STATION RD BRIDGETON, NJ 08302

Physical address (if P.O. Box is provided above): SAME

Day phone: _____ Evening phone: (856) 305-2412 Mobile phone: (856) 305-2412

So that I may avoid paying a \$1.00 fee for mailed paper statements, please sign me up for FREE e-statement notification. I understand that I will receive an e-mail with instructions on how to confirm my e-statement option.

Eligibility

Currently employed with or retired from: Air Force Army Coast Guard Navy Marines

Dept of Defense Dept Homeland Security Reserve or National Guard Grade/rank: _____

If none of the above eligibility choices apply, you may also become eligible for PenFed membership by joining Voices for America's Troops (VOICES) or National Military Family Association.

I would like to join VOICES. It advocates for a strong national defense, including sustaining and improving quality of life programs for America's troops, their families, and survivors. The one-time \$14 donation for membership will be paid for you.

I would like to join National Military Family Association. It is the U.S.'s top-rated military charity. It helps support the needs of families and children, including those of the deployed, wounded, and fallen. The one-time \$15 donation for membership will be paid for you.

You will be provided with a complimentary \$5 as an opening deposit into your share (savings) account which is required to be a PenFed member.

I hereby make application for membership in the Pentagon Federal Credit Union (PenFed). I have read the attached Membership and Joint Account Agreement and, if accepted, I agree to comply with these terms and any amendments thereto, and to subscribe to at least one share. I authorize Pentagon Federal Credit Union to obtain a credit report to determine my eligibility for this account or other financial services I may request. Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number; and 2) **I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding** (cross out this section if you are subject to withholding); 3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Member Signature: Janice Babb Date: 10/08/2017

Office Use

Date: 10/08/2017 Membership Officer Name: _____ HOGAN ID: _____ Member Number: _____

NEW JERSEY
DRIVERS LICENSE



B9999 9999 99999

01/01/1900

01-10-2015

01-31-2019

BABB
JANICE R.
24 HUNTED STATION RD
BRIDGETON NJ 08302

NONE
NONE

F - 5'43" EYES BRN
VL28157400000010

CROWN DOME
08-10

NORTH CAROLINA

USA

MOTORCYCLE
LEARNER PERMIT

Kelly J. Thomas
COMMISSIONER OF MOTOR VEHICLES

4d DLN 9999 9999 9999

3 DOB 01/01/1900

4b EXP 02/14/2018



1 HANNAH
2 SANDI YVONNE
8 620 HILLCREST ST
HUDSON, NC 28638-2530

9 CLASS C 9a END NONE
12 RESTR 18

15 SEX F 18 EYES BRO
16 HGT 5'-03" 19 HAIR BRO RACE

4a ISS 02/14/2017 06/28/86
5 DD 0018410077

Sandi Hannah



Financial
Services

Credit Application for: Retail Lease Balloon

PLEASE PRINT — INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

INSTRUCTIONS:

- You may apply for credit in your name alone, whether or not you are married.
- (1) Please indicate whether you are applying individually, or With another person.
 - (2) Indicate your marital status here only if:
a) you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), or
b) this is a joint application, or c) this is an application for secured credit.
 MARRIED UNMARRIED SEPARATED
 - (3) We intend to apply for joint credit.

JB
Applicant Initials

XSH
Co-Applicant Initials

- (4) If you are applying for credit with another person, please complete all sections.

- (5) If you are married and live in a community property state, or any property that will secure this credit is located within a community property state, please provide information about your spouse in the "Co-Applicant" section (even if this application is in your name alone).

Will Applicant(s) be principal driver/operator? YES NO.

The vehicle being applied for will be used primarily for: (check one)

- Personal, family or household use. Business, commercial, or agricultural purposes, or you are an organization or governmental entity.

APPLICANT INFORMATION

Last Name Babb	First Name Janice	Middle H	Birthdate 01/01/1900	Social Security No. 999-99-9999
Address (Residence) 20 Husted Station Rd		City Bridgeton	State NJ	Zip 08302
Home Phone 856-305-2412	Cell Phone 856-305-2412	Mailing Address (if different from Home Address)		
Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Parents <input type="checkbox"/> Other _____				
Previous Full Address (if less than 3 years)		How Long: ____ Yrs. ____ Mos.		E-Mail Address:

EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

Employer Name / <input type="checkbox"/> Self-Employed Yogi Bear Campground	Monthly Income: \$	Length of Employment	Occupation
	Other Income: \$	Source: _____	2 Yrs. ____ Mos. Maintanance
Current Work Phone Number 856-451-7479	Previous Employer Name (If less than 3 years) Golden Corral	Length of Employment	Occupation
		4 Yrs. ____ Mos.	Cook

CO-APPLICANT INFORMATION - This Person is a: Spousal Joint Applicant Joint Applicant Co-signer/Guarantor Non-Applicant Spouse

Last Name Hannah	First Name Sandi	Middle Yvonne	Birthdate 01/01/1900	Social Security No. 999-99-9999
Address (if different than Applicant's) 620 Hillcrest St		City Hudson	State NC	Zip 28638
Home Phone 828-221-6959	Cell Phone 828-221-6959	Mailing Address (if different from Home Address)		
Residential Status: <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Buying <input type="checkbox"/> Parents <input type="checkbox"/> Other _____				
Previous Full Address (if less than 3 years)		How Long: ____ Yrs. ____ Mos.		E-Mail Address:

EMPLOYMENT and INCOME INFORMATION: Note - Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this obligation.

Employer Name / <input type="checkbox"/> Self-Employed Prysmiem	Monthly Income: \$ 2537	Length of Employment	Occupation
	Other Income: \$	Source: _____	Yrs. 02 Mos. associate
Current Work Phone Number 828-459-9821	Previous Employer Name (If less than 3 years) JBS	Length of Employment	Occupation
		Yrs. 09 Mos.	Bizeba Operator

CREDIT and DEBT INFORMATION: If you are married and live in a community property state, or any property that will secure this credit is located in such, the Seller/Lessor and AHFC* will assume that all assets and income are community property and all debts are community obligations, unless you indicate otherwise on this application.

Bank Reference: _____	Account No.: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Type of Loan: <input type="checkbox"/> Mortgage Payment: \$ _____	Balance: \$ _____	Creditor: _____
<input type="checkbox"/> Auto Payment: \$ _____	Balance: \$ _____	Creditor: _____

Has any party to this application been the subject, or subject to bankruptcy proceedings? Yes No Explain, if yes: _____

Has any party to this application ever obtained credit under a different name? Yes No If so, What name? _____

Had a vehicle repossessed? Yes No If so, explain: _____

SEE IMPORTANT INFORMATION ON THE FOLLOWING PAGE

References

Nearest relative not living with you:			
Name	Address	Phone	Relationship to Applicant
List 2 additional references:			
Name	Address	Phone	Relationship to Applicant

Please read and sign below: By your signature below, you certify that you have completed this application to obtain credit, and that all information provided by you for this application is true, correct and complete. You understand and agree that this application and related credit information will be forwarded to AHFC* (or other financial institution if shown below), and AHFC* may be asked to buy the retail installment contract or lease involved in this transaction. You authorize AHFC* to share the results of any credit report, credit investigation, or employment investigation (including the information contained in this application) with the Dealer named below and any other person assisting you in obtaining an extension of credit. You also authorize the Dealer to receive copies of such reports and investigations to: (1) assist you in a loan/extension of credit and (2) search for financing with third party lenders on your behalf. You authorize the Seller/ Lessor, AHFC* and any affiliate, agent, service provider or assignee of AHFC* (collectively "We", "Us" and "Our") to make inquiries and obtain information about you as We deem appropriate, including obtaining credit reports, contacting your credit references and/or your employer, investigating your credit and employment history, and contacting any person or department about your driving record. You also authorize Us to provide credit information about this transaction to others for the purpose of initiating, monitoring, and servicing your account, and for other legally permissible purposes. You authorize Us to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If you provided your e-mail address on this application, you agree that any communications and correspondence to you from any of the parties to this transaction may be effected by e-mail. You agree that if an account is created for you, all of the following will also apply: (a) AHFC* may monitor and record telephone calls regarding your account to assure the quality of Our service or for other reasons; (b) you expressly consent to AHFC* using prerecorded/artificial voice messages, text messages and/or automatic dialing equipment while servicing or collecting your account, as the law allows; (c) you agree that AHFC* may take these actions using the telephone number(s) that you provide Us in this credit application, you provide to AHFC* in the future, or it obtains from another source, even if the number is for a mobile telephone and/or Our using the number results in charges to you.

*AHFC means and includes American Honda Finance Corporation and Honda Lease Trust, 20800 Madrona Avenue, Torrance, CA 90503

You are notified that your application may be submitted to (Name and Address required): _____

Applicant's Signature: *Jane Hauth-Babb*

Date: *10-10-17*

Co-Applicant's Signature: *Sandy Hannah*

Date: *10-8-17*

DEALER SECTION

Dealer Name		Dealer #:		Dealer Contact Person:		
Honda Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No		Year	Make		Model #	
AHFC* Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No					MSRP	
Loyalty: <input type="checkbox"/> Yes <input type="checkbox"/> No		Term:		Income		Estimated Payments \$
Sales Program: Miles: _____		<input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Certified		Cash Price:		Sales Tax:
						Cash Down:
						Trade-In Amount
						Amount Financed

STATE NOTICES

California Residents: If married you may apply for a separate account.

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

Maine Residents: If your application is approved and credit is granted, you will be required to insure the vehicle against loss or damage. If this application is for a lease, you will also be required to have liability insurance. You may place this insurance through the agent or broker of your choice, whether or not such agent or broker is affiliated with the dealer or holder of your contract. Obtaining insurance from a particular agent or broker will not affect the credit decision unless the insurance product selected violates the terms of your contract.

Married Wisconsin Residents: No agreement, unilateral statement or court decree relating to marital property adversely affects a creditor's interest unless prior to the time credit is granted the creditor is furnished a copy of the agreement, statement or decree, or has actual knowledge of the adverse provision. If the credit for which you are applying is granted, your spouse will also receive notification that credit has been extended to you.

New York, Rhode Island and Vermont Residents: Consumer reports (credit reports) may be obtained in connection with this application. If you request: 1) You will be informed whether or not consumer reports were obtained; and 2) If consumer reports were obtained, you will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnished the reports. If this application for credit is approved, you authorize AHFC* to request and use subsequent consumer reports in connection with (a) renewals or extensions of this credit; (b) reviewing your credit; (c) for the purpose of taking collection action on this extension of credit; or (d) other legitimate reasons associated with this extension of credit.

GENERAL NOTICE FOR LEASE TRANSACTIONS

Notice is hereby given that Honda Lease Trust has assigned all of its rights (but not its obligations) to purchase and/or sell this vehicle to Honda Finance Exchange, Inc. pursuant to the Sub-Servicing and Master Exchange Agreement. Notice for New York and Virginia Residents: The Trust designation is HVT, Inc., as Trustee for Honda Lease Trust.

NOTICE OF MAILING OF PRIVACY NOTICES

PRIVACY NOTICE: AHFC Privacy Notice will be mailed to the applicant at the address provided in this credit application five to ten days after funding. The Privacy Notice is also available at <http://www.hondafinancialservices.com/account-management/printable-forms>.

CO. FILE DEPT. CLOCK VCHR. NO. 130
DE8 400250 D01970 C 0000420630 1

PRYSMIAN CABLES AND SYSTEMS USA, LLC
700 INDUSTRIAL DRIVE
LEXINGTON, SC 29072

Taxable Marital Status:
Federal: Married

Exemptions/Allowances:
Federal: 0

Earnings Statement



Period Ending: 10/15/2017
Pay Date: 10/19/2017

SANDI Y HANNAH
620 HILLCREST ST
HUDSON NC 28638

<u>Earnings</u>	rate	hours	this period	year to date	<u>Other Benefits and Information</u>	this period	total to date
Regular	14.0000	30.60	428.40	4,842.88			
Shift C			24.58	336.92			
Sick	14.0000	2.17	30.38	168.00			
Overtime				1,110.27			
Holiday				168.00			
Gross Pay			\$483.36	6,626.07			

<u>Deductions</u>	<u>Statutory</u>		
Federal Income Tax	-22.00	533.67	
Social Security Tax	-24.86	399.02	
Medicare Tax	-5.82	93.32	
NC State Income Tax	-7.00	205.00	
Net Pay	\$326.69		
Checking	-326.69		
Net Check	\$0.00		

* Excluded from federal taxable wages

Your federal taxable wages this period are \$386.37

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PRYSMIAN CABLES AND SYSTEMS USA, LLC

700 INDUSTRIAL DRIVE
LEXINGTON, SC 29072

Advice number:

00000420630

Pay date:

10/19/2017

Deposited to the account of
SANDI Y HANNAH

account number	transit ABA	amount
xxxxxx1915	XXXX XXXX	\$326.69

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 130
DE8 400250 D01970 C 0000410623 1

PRYSMIAN CABLES AND SYSTEMS USA, LLC

700 INDUSTRIAL DRIVE
LEXINGTON, SC 29072

Taxable Marital Status:
Federal: Married

Exemptions/Allowances:
Federal: 0

Earnings Statement



Period Ending: 10/08/2017
Pay Date: 10/12/2017

SANDI Y HANNAH
620 HILLCREST ST
HUDSON NC 28638

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	14.0000	40.00	560.00	4,414.48			
Overtime	21.0000	8.55	179.55	1,110.27	Gtl	0.17	0.34
Shift C			39.62	312.34			
Holiday				168.00			
Sick				137.62			
			Gross Pay	\$779.17			
				6,142.71			
Deductions	Statutory				Additional Tax Withholding Information		
	Federal Income Tax	-58.12		511.67	Taxable Marital Status:		
	Social Security Tax	-43.21		374.16	NC: Single		
	Medicare Tax	-10.10		87.50	Exemptions/Allowances:		
	NC State Income Tax	-23.00		198.00	NC: 0, Head of Household		
	Other						
	Dental	-13.32*		17.18			
	Medical	-65.28*		86.32			
	Vision	-3.89*		4.77			
	401-K	-23.38*		98.31			
			Net Pay	\$538.87			
			Checking	-538.87			
			Net Check	\$0.00			

* Excluded from federal taxable wages

Your federal taxable wages this period are \$673.30

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PRYSMIAN CABLES AND SYSTEMS USA, LLC

700 INDUSTRIAL DRIVE
LEXINGTON, SC 29072

Advice number: 00000410623

Pay date: 10/12/2017

Deposited to the account of
SANDI Y HANNAH

account number	transit ABA	amount
xxxxxx1915	xxxx xxxx	\$538.87

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO. FILE DEPT. CLOCK VCHR. NO. 130
DE8 400250 D01970 C 0000400622 1

PRYSMIAN CABLES AND SYSTEMS USA, LLC
700 INDUSTRIAL DRIVE
LEXINGTON, SC 29072

Taxable Marital Status:
Federal: Married

Exemptions/Allowances:
Federal: 0

Earnings Statement



Period Ending: 10/01/2017
Pay Date: 10/05/2017

SANDI Y HANNAH
620 HILLCREST ST
HUDSON NC 28638

Earnings	rate	hours	this period	year to date
Regular	14.0000	36.00	504.00	3,854.48
Shift C			27.00	272.72
Overtime				930.72
Holiday				168.00
Sick				137.62
Gross Pay			\$531.00	5,363.54

Deductions	Statutory		
	Federal Income Tax	-32.29	453.55
	Social Security Tax	-31.33	330.95
	Medicare Tax	-7.33	77.40
	NC State Income Tax	-12.00	175.00
	Other		
	Dental	-3.86*	3.86
	Medical	-21.04*	21.04
	Vision	-0.88*	0.88
	401-K	-15.93*	74.93
	Net Pay	\$406.34	
	Checking	-406.34	
	Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are \$489.29

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PRYSMIAN CABLES AND SYSTEMS USA, LLC

700 INDUSTRIAL DRIVE
LEXINGTON, SC 29072

Advice number:

00000400622

Pay date:

10/05/2017

Deposited to the account of
SANDI Y HANNAH

account number	transit ABA	amount
xxxxxx1915	XXXX XXXX	\$406.34

THIS IS NOT A CHECK

NON-NEGOTIABLE

RETAIL INSTALLMENT SALE CONTRACT - SIMPLE FINANCE CHARGE
THIS IS A CONSUMER CREDIT DOCUMENT
(WITH ARBITRATION PROVISION)

Dealer Number _____ Contract Number _____

Buyer Name and Address (Including County and Zip Code) JANICE H BABB 20 HOUSTON STATION RD BRIDGETON NJ 08302		Co-Buyer Name and Address (Including County and Zip Code) SANDI YVONNE HANNAH 620 HILLCREST ST HUDSON NC 28638 CALDWELL	Seller-Creditor (Name and Address) HENDRICK HONDA HICKORY 945 US HWY 70 SE POB 3947 HICKORY NC 28603 CATAWBA
--	--	--	--

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 on the front and back of 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. The Truth-In-Lending Disclosures below are part of this contract.

New/Used	Year	Make and Model	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
USED	2013	FORD TRU FLEX	2FMGK5C88DBD29410	

FEDERAL TRUTH-IN-LENDING DISCLOSURES				
ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate. 9.40 %	The dollar amount the credit will cost you. \$ 6333.11	\$ 20287.45	\$ 26620.56	\$ 27520.56

Your Payment Schedule Will Be:		
Number of Payments	Amount of Payments	When Payments Are Due
72	369.73	Monthly beginning 11/07/2017
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 \$ **15.00**.

Prepayment. If you pay early, you will not 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, any required repayment in full before the scheduled date and security interest.

ITEMIZATION OF AMOUNT FINANCED		
1 Cash Price (including \$ 494.25 sales tax)		\$ 17220.25 (1)
2 Total Downpayment = 1 2001 FORD TRUCK WINDSTAR WAGON		
Trade-in (Year) 2001 (Make) FORD (Model) WINDSTAR WAGON		
Gross Trade-In Allowance	\$ 900.00	
Less Pay Off Made By Seller N/A	\$ N/A	
Equals Net Trade In	\$ 900.00	
+ Cash	\$ N/A	
+ Other N/A	\$ N/A	
(If total downpayment is negative, enter "0" and see 4I below)	\$ 900.00	(2)
3 Unpaid Balance of Cash Price (1 minus 2)	\$ 16320.25	(3)
4 Other Charges Including Amounts Paid to Others on Your Behalf (Seller may keep part of these amounts):		
A Cost of Optional Credit Insurance Paid to Insurance Company or Companies. Life \$ N/A		
Disability \$ N/A	\$ 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 \$ N/A		
E Official Fees Paid to Government Agencies N/A	\$ N/A	
F Government Taxes Not Included in Cash Price N/A	\$ N/A	
G Government License and/or Registration Fees TRANSFER	\$ 20.00	
H Government Certificate of Title Fees	\$ 52.00	
I Other Charges (Seller must identify who is paid and describe purpose) to N/A for Prior Credit or Lease Balance \$ N/A		
to HENDAG for N/A SVC Agreement \$ 3021.20		
to HENDRICK HONDA HI for DLR ADMIN FEE \$ 649.00		
to N/A HENDAG for N/A OIL CHANGE \$ 225.00		
to N/A for N/A \$ N/A		
to N/A for N/A \$ N/A		
to N/A for N/A \$ N/A		
to N/A for N/A \$ N/A		
to N/A for N/A \$ N/A		
Total Other Charges and Amounts Paid to Others on Your Behalf	\$ 3967.20	(4)
5 Amount Financed (3 + 4)	\$ 20287.45	(5)

OPTION: You pay no finance charge if the Amount Financed, item 5, is paid in full on or before **N/A**, Year **N/A**. SELLER'S INITIALS **N/A**

Returned Check Charge: You agree to pay a charge of \$ **25.00** if any check you give us is dishonored.

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 4D 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 **N/A** Mos. **N/A** Name of Gap Contract

I want to buy a gap contract.

Buyer Signs **X N/A**

Co-Buyer Signs **X Sandi Hannah**

Date **10/08/17**

Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

Co-Buyer Signs **X Sandi Hannah**

Date **10/08/17**

Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

Co-Buyer Signs **X Sandi Hannah**

Date **10/08/17**

Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

Co-Buyer Signs **X Sandi Hannah**

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Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

Co-Buyer Signs **X Sandi Hannah**

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Co-Buyer Signs **X Sandi Hannah**

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Buyer Signs **X Janice Houston Babb**

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Co-Buyer Signs **X Sandi Hannah**

Date **10/08/17**

Buyer Signs **X Janice Houston Babb**

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Co-Buyer Signs **X Sandi Hannah**

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Buyer Signs **X Janice Houston Babb**

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Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

Co-Buyer Signs **X Sandi Hannah**

Date **10/08/17**

Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

Co-Buyer Signs **X Sandi Hannah**

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Co-Buyer Signs **X Sandi Hannah**

Date **10/08/17**

Buyer Signs **X Janice Houston Babb**

Date **10/08/17**

VEHICLE ORDER FORM

CUST NO: 156572		DEAL NO: 180639		DATE 10/08/2017	SALESPERSON 1 ARNOLD DEAN BRAD	SALESPERSON 2		
HENDRICK HONDA HICKORY 945 US HWY 70 SE POB 3947 HICKORY, NC 28603 (828)322-2673				CUSTOMER'S NAME JANICE H BABB				
				CO-CUSTOMER'S NAME SANDI YVONNE HANNAH				
				STREET ADDRESS 25 HOUSTED STATION RD				
				CITY BRIDGETON COUNTY NJ ZIP 08302 STATE ZIP				
THIS VEHICLE ORDER FORM IS FOR THE FOLLOWING				RESIDENCE PHONE 2412	BUSINESS PHONE (856)451-7479			
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> CAR <input checked="" type="checkbox"/> TRUCK				E-MAIL ADDRESS	MOBILE PHONE (856)305-2412			
YEAR 2013	MAKE FORD TRUCK	SERIES FLEX	TYPE 4DR SEL FWD	TRADE-IN RECORD				
MILEAGE 91408	COLOR WHITE	TRIM SEL	MODEL NUMBER	YEAR 2001	MAKE FORD TRUCK	MODEL WINDSTAR	TYPE WGN SEL	COLOR HANON
STOCK NO. 29404A	V.I.N. # 2FMQK5C88DBD29410	VEH. WEIGHT		VIN 2FMZA52451BB40266	MILEAGE 215780			
PRICE OF VEHICLE → \$ 16726.00				TAG # ELT5458	STATE	STICKER # EXP. DATE	INSPECTION EXP. DATE	
ACCESSORIES:				N/A		(Good Until)		
				BALANCE OWED TO		VERIFIED BY:		
				ADD'L TRADE 1	YR.	MAKE	MODEL	
				ADD'L TRADE 2	YR.	MAKE	MODEL	
ALL WARRANTIES, IF ANY, BY A MANUFACTURER OR SUPPLIER OTHER THAN DEALER ARE THEIRS, NOT DEALER'S. ONLY SUCH MANUFACTURER OR OTHER SUPPLIER SHALL BE LIABLE FOR PERFORMANCE UNDER SUCH WARRANTIES. UNLESS DEALER FURNISHES CUSTOMER WITH A SEPARATE WRITTEN WARRANTY OR SERVICE CONTRACT MADE BY DEALER ON ITS OWN BEHALF, DEALER NEITHER ASSUMES NOR AUTHORIZES ANY PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF ANY PRODUCTS.								
UNLESS DEALER MAKES A WRITTEN WARRANTY ON ITS OWN BEHALF, OR ENTERS INTO A SERVICE CONTRACT WITHIN 90 DAYS FROM THE DATE OF THIS AGREEMENT, DEALER MAKES NO WARRANTIES, EXPRESS OR IMPLIED, ON THE VEHICLE, AND THERE WILL BE NO IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. THIS PROVISION DOES NOT AFFECT ANY WARRANTIES COVERING THE VEHICLE THAT THE MANUFACTURER OR SUPPLIER MAY PROVIDE.								
NOTICE PROVIDED IN ACCORDANCE WITH N.C.G.S. 20-101.2 ...Dealer may receive a fee, commission or other compensation for providing, procuring or arranging financing for the retail purchase or lease of a motor vehicle, for which Customer may be responsible.								
DEALER ADMINISTRATIVE PROCESSING FEE The Dealer Administrative Processing Fee represents Dealer costs such as administrative services, clerical services, notary services, vehicle registration services, lien release and perfection services, courier services, document retention and destruction, information safeguarding, regulatory compliance, cleaning, inspecting, adjusting and general preparation of new and used vehicles, and other sales, administrative, regulatory, marketing-related expenses and may include additional Dealer profit. This does not include a charge for the preparation and/or completion of purchase or finance related legal documents. This is not a governmental fee.								
NEGATIVE EQUITY Customer is aware the balance owed on Customer's trade-in exceeds the trade-in allowance offered by Dealer. Accordingly, Customer understands that <u>N/A</u> will be paid off on Customer's behalf to <u>N/A</u> and this amount is included when computing the "balance due."								
I certify that I took delivery of this vehicle on <u>10/8/2017</u>								
Customer initials: <u>S.H.</u>								
TERMS OF PAYMENT OF BALANCE DUE: <input checked="" type="checkbox"/> RETAIL INSTALLMENT CONTRACT <input type="checkbox"/> LEASE AGREEMENT <input type="checkbox"/> OTHER								
For your protection, request a receipt for all payments you make.								
This Agreement is not binding upon either Dealer or Customer until signed by an authorized Dealer representative.								
If Customer intends to lease the Vehicle, the Vehicle title will be in lessor's name. Total taxes, other fees, total balance and balance due will be evidenced in a third party lease agreement.								
If Customer is buying this Vehicle in a credit sale transaction evidenced by a retail installment sale contract or is leasing this Vehicle, this Agreement is binding when the retail installment contract or lease is signed, but will not remain binding if a third party finance source does not agree to purchase the retail installment contract or lease executed by Customer and Dealer based on this Agreement on the terms as submitted. See paragraph 4 on the other side of this Agreement, which shall survive the termination of this agreement for any reason.								
Customer agrees that this Agreement includes all of the terms and conditions on the front and back side hereof, that this Agreement cancels and supersedes any prior agreement including oral agreements, and as of the date below comprises; together with any retail installment sale contract or lease the complete and exclusive statement of the terms of the agreement relating to the subject matters covered by this Agreement. Customer, by signing this Agreement, acknowledges that Customer has read and agrees to its terms and has received a true copy of this Agreement.								
When you provide a check as payment, you authorize us either to deposit your check, use the information from your check to make a one-time electronic fund transfer, i.e. (ACH), or draft your account.								
CUSTOMER SIGNS X <u>Sandi Hannah</u> DATE 10/08/2017								
CO-CUSTOMER SIGNS X <u>Sandi Hannah</u> DATE 10/08/2017								
DEALER'S APPROVAL (Must Be Accepted By An Authorized Representative of the Dealer)								
X <u>Arnold Dean Brad</u> DATE 10/08/2017								

NADA Official Used Car Guide**10/08/2017****Vehicle Summary NADA Values**

Region: 201710 Southeastern **Stock #:** 29404A
Vehicle Description: 2013 Ford **VIN:** 2FMGK5C88DBD29410
 Flex-V6 Wagon 4D SEL 2WD

MSRP: n/a **Weight:** 0
Mileage: 91,202

	<u>Rough</u> <u>Trade-In</u>	<u>Average</u> <u>Trade-In</u>	<u>Clean</u> <u>Trade-In</u>	<u>Clean</u> <u>Loan</u>	<u>Clean</u> <u>Retail</u>
Base value	\$12,400	\$13,675	\$14,700	\$13,250	\$17,025
Optional Equipment					
Leather Seats	\$525	\$525	\$525	\$525	\$600
Power Sunroof	\$600	\$600	\$600	\$600	\$675
Navigation System	\$500	\$500	\$500	\$500	\$575
Option Total	\$1,625	\$1,625	\$1,625	\$1,625	\$1,850
Mileage Adjustment	(\$1,375)	(\$1,375)	(\$1,375)	(\$1,375)	(\$1,375)

Total NADA Official Used Car Guide Values \$12,650 \$13,925 \$14,950 \$13,500 \$17,500 *NA*

Hendrick Honda Hickory

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by: *John H.* - Sales Manager



MECHANICAL REPAIR SERVICE CONTRACT

CONTRACT NO. HAAR

331203

Provider and Administrator:

Hendrick Autoguard, Inc., P.O. Box 18707, Charlotte, NC 28218-0707

California License #OD60739

For Claims: 1-800-540-5404

For Emergency Roadside Assistance: 1-800-540-5404

INFORMATION SCHEDULE

1. Vehicle Information

VIN	Vehicle Code		
ZFMGK5C88LBD29410	Model	2212	Current Odometer Reading
Year 2013	Make FORD TRUCK	Flex	91408
Check All That Apply: <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo/Supercharged <input type="checkbox"/> 4x4/AWD			

2. Customer Information

Customer Name JANICE H BABB	Co-Buyer Name SANDI YVONNE HANNAH
Street 20 HOUSTEAD STATION RD	Street 620 HILLCREST ST
City, State, Zip Code BRIDGETON NJ 08302	City, State, Zip Code HUDSON NC 28630
E-Mail Address	E-Mail Address SANDIHANNAH@GMAIL.COM
Telephone Hm (856) 305-2412	Telephone Hm (828) 221-6959
Cell (856) 305-2412	Cell (828) 221-6959

3. Selling Dealer Information

Dealer Number 499	Name HENDRICK HONDA HICKORY		
Street 945 US HWY 70 SE POB 3947			
City HICKORY	State NC	Zip Code 28603	Telephone (828) 322-2673

4. Mechanical Repair Service Contract Information

Coverage Plans <input checked="" type="checkbox"/> Powertrain <input checked="" type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum	Term 36 Months from Service Contract Purchase Date 36 Additional Miles 36000	Deductible \$ 150.00 Deductible Amount Per Repair Visit <input type="checkbox"/> \$100 Disappearing Deductible (The deductible is \$0 if covered repairs are performed at the Selling Dealer.)
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PLEASE NOTE IF ANY OF THE ABOVE MECHANICAL REPAIR SERVICE CONTRACT INFORMATION HAS NOT BEEN SELECTED, THE FOLLOWING WILL APPLY FOR THE RESPECTIVE OPTION: SILVER COVERAGE AND \$100 DEDUCTIBLE PER VISIT.

Service Contract Purchase Date 10/08/2017 Service Contract Price \$ 3021.20

5. Lienholder Information

Name PENTAGON FEDERAL CREDIT UNION	Address PO BOX 255483 SACRAMENTO CA 95865
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Notice to Customer:

- The purchase of the Service Contract is not required to obtain financing or to purchase or lease this Vehicle. The Service Contract Price may be financed with the purchase of this Vehicle. Other payment options may be available.
- If You experience a Breakdown, You must deliver Your Vehicle to the Selling Dealer if Your Vehicle is within forty (40) miles of the Selling Dealer. If Your Vehicle is more than forty (40) miles from the Selling Dealer, call the Administrator for instructions.
- You are required to obtain authorization prior to beginning any repairs covered by the Service Contract. Refer to Service Contract Section VI. "Your Responsibilities" for instructions.
- You must follow the maintenance procedures listed in Service Contract Section IV. "Maintenance Requirements." If Your failure to follow manufacturer recommended maintenance causes a Breakdown, You may be denied coverage.
- The benefits provided under Dealer Warranties required by state law are not covered by the Service Contract.
- If the manufacturer's Warranty has been declared void, the Service Contract does not cover the Vehicle until the end of what would have been the manufacturer's Warranty.
- The Service Contract runs concurrent with, and is secondary to, any applicable manufacturer's Warranty.
- Refer to Section VII. "General Provision" of the Service Contract for detailed information on when Your Service Contract begins and ends.

Signed By Janice Houston Babb Signed By Sandi Hannah Signed By By 2
Customer Co-Buyer Dealer's Representative

OIL CHANGE PROGRAM

(Engine Oil and Filter Changes, Tire Rotations and a Multi-point Inspection Only)
 (Does not include any additional manufacturer's required maintenance)



QCSR 647705

1 CUSTOMER INFORMATION/COVERED VEHICLE/SELLING DEALER

CUSTOMER'S NAME JANICE H BABB SANDI YVONNE HANNAH		E-MAIL ADDRESS
STREET ADDRESS 20 HOUSTEAD STATION RD		CITY, STATE AND ZIP CODE BRIDGETON NJ 08302
AREA CODE AND TELEPHONE NUMBER HM: (856)305-2412 WK: (856)451-7479		N/A
YEAR, MAKE AND MODEL OF VEHICLE 2013 FORD TRUCK FLEX	MODEL NUMBER 2Z12	VEHICLE IDENTIFICATION NUMBER 2FMGK5C88DBD29410
AGREEMENT PURCHASE DATE 10/08/2017		CURRENT MILEAGE 91408
NAME OF SELLING DEALER HENDRICK HONDA HICKORY	ADDRESS OF SELLING DEALER 945 US HWY 70 SE POB 3947 HICKORY NC 28603	
TELEPHONE NUMBER OF SELLING DEALER (828)322-2673	DEALER AUTHORIZED SIGNATURE	
LIENHOLDER PENTAGON FEDERAL CREDIT UNION	LIENHOLDER'S ADDRESS PO BOX 255483 SACRAMENTO CA 95865	
CUSTOMER'S SIGNATURE	I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON THE FRONT AND REVERSE SIDE OF THIS AGREEMENT.	
	DATE OF SALE 10/08/2017	

2 This agreement expires by months or miles, whichever occurs first.

Months UNLIMITED
 From agreement purchase date

Miles UNLIMITED
 From the current odometer

3 SERVICE LEVEL

Standard Synthetic Diesel

4 SERVICE INTERVAL

5000 MILES

Please enter Beginning Service Miles

100000

Please enter Ending Service Miles

125000

5 ADDITIONAL BENEFIT

24 Hour Roadside Service: In the event the covered vehicle requires any of the following emergency services: (1) gasoline up to two gallons, (2) flat tire change, (3) battery jump start, (4) locked-out assistance, or (5) towing, the cost of services not payable by insurance will be covered up to \$150.00 per occurrence, if the service is provided by calling the phone number listed on this agreement.

6 AGREEMENT PRICE

\$ 225.00

THE PURCHASE OF THIS AGREEMENT IS NOT REQUIRED EITHER TO PURCHASE OR TO OBTAIN FINANCING FOR A MOTOR VEHICLE.
 ANY MODIFICATION, ALTERATION, OR CHANGE TO THE PREPRINTED TERMS AND CONDITIONS OF THIS AGREEMENT IS INVALID AND OF NO FORCE OR EFFECT.
 THIS AGREEMENT IS NOT AN INSURANCE POLICY. SEE "RESPONSIBILITY OF BENEFITS" ON THE REVERSE SIDE FOR INFORMATION REGARDING HOW YOUR RECEIPT OF BENEFITS UNDER THIS AGREEMENT IS ASSURED.

HENDRICK AUTOGUARD, INC.P.O. BOX 18707, CHARLOTTE, NORTH CAROLINA 28218-0707
1-800-540-5404**OIL CHANGE PROGRAM**

LIENHOLDER COPY

QCSR
(R 03/13)

AGREEMENT TO FURNISH INSURANCE POLICY

(TO BE USED WITH SECURITY AGREEMENT ON SALE OF VEHICLE)

Date 10/08/2017TO SELLER HENDRICK HONDA HICKORY945 US HWY 70 SE POB 3947 HICKORY NC 28603

The undersigned Buyer(s) agree(s) to furnish his/their own Insurance Policy, covering a vehicle which is the subject of a Security Agreement (the "Security Agreement") dated this 8th day of OCTOBER, YR 2017.

The vehicle referred to herein is described as follows:

Year	Make	Model	Body Type
<u>2013 FORD TRUCK FLEX 4DR SEL FWD</u>			
Vehicle Identification No.			
<u>2FMGK5C88DBD29410</u>			

Such Insurance Policy must be delivered to the Seller within _____ 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 does not receive such Policy by the time stated, Seller may (but is not required to) procure insurance of the kind and type agreed to be furnished under the terms of the Security Agreement. Such insurance may cover only Seller's interest in the vehicle.

Ins. Co.	GEICO	Agent	GEICO
<u>1 GEICO BLVD FREDERICKSBURG VA 22412</u>			
ADDRESS OF AGENT - STREET	CITY	STATE	ZIP
<u>(800)861-8380</u>			
AGENT'S PHONE NUMBER			
Policy No.	4461-48 7268	Exp. Date	<u>10/22/2017</u>
<input type="checkbox"/> Fire & Theft - <input type="checkbox"/> Additional Coverage - <input checked="" type="checkbox"/> \$ <u>500.00</u> Deductible Comprehensive <input checked="" type="checkbox"/> \$ <u>500.00</u> Deductible Collision			

In the event Buyer(s) fail(s) to furnish a valid insurance policy, or written evidence of insurance, of the type required under the Security Agreement, Buyer(s) hereby agree(s) to pay to Seller or its 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 Security Agreement.

Buyer(s) further agree(s) to assume forthwith 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 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	PENTAGON FEDERAL CREDIT UNION
PO BOX 2365	
SIOUX CITY IA 51106	

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

BUYER'S NAME (Last, First, Middle)	SANDI YVONNE HANNAH
ADDRESS	<u>20 HOUSTED STATION RD</u>
ADDRESS	<u>BRIDGETON NJ 08302</u>

HOME PHONE	(856) 305-2412	BUSINESS PHONE	<u>(856) 451-7479</u>
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BUYER'S SIGNATURE	<u>Sandi Yvonne Hannah</u>
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CO-BUYER'S SIGNATURE	<u>X</u>
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CHECK Appropriate Block/s (Application cannot be processed without certification of services)

- Title Only – Vehicle Not in Operation
- Title and License Plate
Class of License _____
- Inoperable Vehicle – Vehicle substantially disassembled and unfit or unsafe to be operated on the highway
- Truck Weight Desired
(This includes the truck, trailer and load)
- Plate No. Transferred ELT5458 07/31/2018
(List Plate Number and Expiration)
- Limited Registration Plate
(When property taxes are deferred)

For Hire Vehicle
 Yes or NoI certify that all the above information is correct. SANDI YVONNE HANNAH (Customer's Initials)**VEHICLE SECTION**

YEAR	MAKE	BODY STYLE	SERIES MODEL	VEHICLE IDENTIFICATION NUMBER	FUEL TYPE	ODOMETER READING
2013	FORD TRU	4DR SEL FW FLEX		2FMGK5C88DBD29410	GAS	91408

OWNER SECTIONOwner 1 ID # 24376971 Owner 1 Name SANDI YVONNE HANNAH

Full Legal Name of Owner 1 (First, Middle, Last, Suffix) or Company Name

Owner 2 ID # _____

Full Legal Name of Owner 2 (First, Middle, Last, Suffix) or Company Name

Joint applicants request this title to be issued with Joint Tenants with Rights of Survivorship? Check appropriate block: Yes No Residence Address (Individual) Business Address (Firm) 620 HILLCREST ST HUDSON NC 28638 City and State _____ Zip Code _____

Mail Address (if different from above) _____ City and State _____ Zip Code _____

Vehicle Location Address (if different from residence address above) N/A City and State _____ Zip Code _____ Tax County CALDWELL**LIEN SECTION****FIRST LIEN**

Date of Lien	ACCOUNT #	Date of Lien	ACCOUNT #
Lienholder ID #	Lienholder Name	Lienholder ID #	Lienholder Name
<u>11527501</u>	<u>PENTAGON FEDERAL CREDIT UNION</u>		
Address <u>PO BOX 255483</u>		Address _____	
City <u>SACRAMENTO</u> State <u>CA</u> Zip Code <u>95865</u>		City _____	State _____ Zip Code _____

I certify for the motor vehicle described above that I have financial responsibility as required by law.

GEICO

Insurance Company authorized in N.C.

4461-48 7268

Policy Number

Purchased	Purchase Date	From Whom Purchased (Name and Address)	N.C. Dealer No.	Is this vehicle leased? If Yes, Attach Form MVR-330	Equipment #
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	<u>10/08/17</u>	<u>HENDRICK HONDA HICKORY 945 US HWY 70 SE POB 3947 HICKORY NC 28603</u>	<u>22077</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DISCLOSURE SECTIONAll motor vehicle records maintained by the North Carolina Division of Motor Vehicles will remain closed for marketing and solicitation unless the block below is checked.
 I (We) would like the personal information contained in this application to be available for disclosure.**APPLICATION MUST BE SIGNED IN INK BY EACH OWNER OR AUTHORIZED REPRESENTATIVE OF FIRMS OR CORPORATIONS.**

I (we) am (are) the owner(s) of the vehicle described on this application and request that a North Carolina Certificate of Title be issued. I (we) certify that the information on the application is correct to the best of my (our) knowledge. The vehicle is subject to the liens named and no others. If a registration plate is issued or transferred, I (we) further certify that there has not been a registration plate revocation and that liability insurance is in effect on this vehicle on the date of this application as required by the North Carolina Financial Security Act of 1957.

OWNER'S SIGNATURE Sandi Yvonne Hannah
Date 10/08/2017 County CATAWBA State NCI certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: JANICE H BABB (name(s) of principal(s)).Notary Signature Bryan C Nichols Notary Printed or Typed Name BRYAN C NICHOLS

<u>BRYAN C NICHOLS</u> <u>NOTARY PUBLIC</u> <u>GASTON COUNTY</u> <u>NORTH CAROLINA</u>	My Commission Expires <u>11/11/2020</u>
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