



U.S. Department of Transportation  
National Highway Traffic Safety Administration

INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 100148

**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

Date Received 10-SEP-2014	Repository <input type="checkbox"/>
	Reference No. 10632140

**OWNER INFORMATION (Type or Print)**

Name	[REDACTED]			Daytime Telephone Number	E-mail Address NOEMAIL@UNK.GOV
Address	[REDACTED]			Evening Telephone Number	
City DETROIT	State MI	Zip Code	[REDACTED]		

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1ZT648X4F [REDACTED]	Make CHEVROLET	Model MALIBU MAXX	Model Year 2004
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 21-JUL-2014

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Codes: 140000 AIR BAGS, BRAKES (PWS)	Failure Mileage 130000	Failure Speed 30
--------------------------------------------------------	---------------------------	---------------------

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type:	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police Y
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	--------------------------------	-----------------------	-------------------------

**Narrative Description of Incident(S), Crash(es), and Injury(ies).**  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

TL\* THE CONTACT OWNED A 2004 CHEVROLET MALIBU MAXX. WHILE DRIVING APPROXIMATELY 30 MPH, THE CONTACT DEPRESSED THE BRAKE PEDAL TWICE WITH EXCESSIVE FORCE TO PREVENT A CRASH. WHEN THE BRAKE PEDAL WAS DEPRESSED THE SECOND TIME, THE AIR BAGS DEPLOYED AND EMITTED WHITE POWDER, WHICH IMPAIRED THE CONTACT'S VISION. THE CONTACT CRASHED THE VEHICLE INTO THE REAR OF ANOTHER VEHICLE. A POLICE REPORT WAS FILED. THE CONTACT SUSTAINED BACK AND SHOULDER INJURIES THAT DID NOT REQUIRE MEDICAL ATTENTION. THE VEHICLE WAS DESTROYED. THE MANUFACTURER WAS NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 130,000.

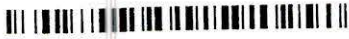
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



Chevrolet  
P.O. Box 909989  
Milwaukee, WI 53209-9989

# IMPORTANT SAFETY RECALL



14152 1G1ZT648X4F [REDACTED] 13 0020800

[REDACTED]  
HARPER WOODS, MI [REDACTED]



July 2014

Dear [REDACTED]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect which relates to motor vehicle safety exists in certain 2004 model year Chevrolet Malibu vehicles equipped with a 4-speed automatic transmission. As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

## IMPORTANT

- This notice applies to your 2004 model year Chevrolet Malibu, **VIN 1G1ZT648X4F** [REDACTED]
- Your vehicle is involved in GM safety recall 14152.

### Why is your vehicle being recalled?

Your vehicle has a condition in which the transmission shift cable may fracture at any time. When the fracture occurs, the driver may not be able to select a different gear, remove the key from the ignition or place the transmission in park. When the fracture occurs, the driver may not be able to select a different gear and the vehicle may move in an unintended direction, increasing the risk of a crash. If the driver cannot place the vehicle in park, and exits the vehicle without applying the park brake, the vehicle could roll away and a crash could occur without prior warning.

### What will we do?

**PARTS ARE NOT CURRENTLY AVAILABLE.** When parts become available your Chevrolet dealer will install a shift cable assembly and mounting bracket. This service will be performed for you at **no charge**.

We are working as quickly as possible to correct this condition. When parts are available, we will send you another letter asking you to take your vehicle to your Chevrolet dealer to have your vehicle serviced. If you have already paid for repairs for this condition, a reimbursement request form will be included with the letter.

# General Motors Product Field Action Customer Reimbursement Request Form

This section to be completed by customer (please print)

Customer Name: [Redacted]

Street/Address or P. O. Box Number: [Redacted]

City: Detroit State: MI Zip Code: [Redacted]

Daytime Telephone Number (include Area Code): [Redacted]

Evening Telephone Number (include Area Code): [Redacted]

Date Request Form and Supporting Documentation Submitted to Dealer: 4/25

Vehicle Identification Number of Involved Vehicle: 1D127648X4F [Redacted]  
(17 Characters)

Mileage at Time of Repair: 130,000 Date of Repair: \_\_\_\_\_

Amount of Reimbursement Requested: \$ Total

**THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THIS REQUEST FORM.**

Original or clear copy of all receipts, invoices and/or repair orders that show:

- The name and address of the person who paid for the repair.
- The Vehicle Identification Number (VIN) of the vehicle that was repaired.
- Description of problem, the repair performed, date of repair and who performed the repair.
- The total cost of the repair expense that is being requested.
- Proof of payment for the repair in question and the date of payment.  
(Copy of cancelled check, copy of credit card receipt or receipt for cash payment)

My signature to this document attests that all attached documents are genuine and I request reimbursement for the expense I incurred for the repair covered by this letter.

Customer's Signature: [Redacted] 09-30-14

Submit this request form and the required documents to your GM dealer for processing. All reasonable and customary costs to correct the condition described in the letter that came with this form will be considered for reimbursement. If your request is approved, you will receive a check from your dealer. If your request is denied, you will receive a written explanation for the denial from your dealer. If your request is incomplete, your dealer will advise you what documentation is needed to complete the request and offer you the opportunity to resubmit the request when the missing documents are available. If you have any questions about this process or have waited 30 or more days for a response from your dealer, please contact the GM Customer Assistance Center at 1-800-204-0261.

This section to be completed by dealer (please print)

Bulletin No.: \_\_\_\_\_ Request Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Request Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Reason: \_\_\_\_\_

If denied, please provide a copy of this form to the customer and retain original for your files



# IMPORTANT SAFETY RECALL

June 2014

[REDACTED]  
Harper Woods, MI [REDACTED]

Dear [REDACTED]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect, which relates to motor vehicle safety, exists in your 2004 model year Chevrolet Malibu vehicle equipped with electric power steering (EPS). As a result, GM is conducting a safety recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

## IMPORTANT

- This notice applies to your 2004 model year Chevrolet Malibu, VIN 1G1ZT648X4F [REDACTED]
- Your vehicle is involved in GM safety recall 14116.
- The recall repairs will be performed for you **at no charge**. Parts are not currently available, however, we will notify you again when they are available.
- If the warning message is displayed on the Driver Information Center and a chime sounds, the power steering will be lost and the vehicle will revert to a manual steering mode, which may require greater driver effort at low vehicle speeds. The power steering may return the next time the vehicle is started; however, you will still need to have your vehicle serviced when parts are available.

**Why is your vehicle being recalled?**

Your vehicle equipped with EPS may experience a sudden loss of power steering assist that could occur at any time while driving. If the power steering assist is lost, a message is displayed on the Driver Information Center and a chime sounds to inform the driver. Steering control can be maintained, as the vehicle will revert to a manual steering mode, but would require greater driver effort at low vehicle speeds, which could result in an increased risk of a crash.

**What will we do?**

PARTS ARE NOT CURRENTLY AVAILABLE, but when parts are available, your Chevrolet dealer will replace the torque sensor assembly. This service will be performed for you at **no charge**.

We are working as quickly as possible to correct this condition.



# IMPORTANT SAFETY RECALL

July 2014

[REDACTED]  
Harper Woods, MI [REDACTED]

Dear [REDACTED]

This notice is sent to you in accordance with the National Traffic and Motor Vehicle Safety Act.

General Motors has decided that a defect which relates to motor vehicle safety exists in all 2004-2012 model year (MY) Chevrolet Malibu, 2004-2007 MY Chevrolet Malibu Maxx, 2005-2010 MY Pontiac G6 and 2007-2010 MY Saturn Aura vehicles. As a result, GM is conducting a recall. We apologize for this inconvenience. However, we are concerned about your safety and continued satisfaction with our products.

## IMPORTANT

- This notice applies to your 2004 model year Chevrolet Malibu, VIN 1G1ZT648X4F [REDACTED]
- Your vehicle is involved in GM recall 13036.
- **Parts are not currently available to repair your vehicle.**
- When parts become available, GM will notify you to schedule an appointment with your Chevrolet dealer.

### Why is your vehicle being recalled?

On these vehicles, over time an increased resistance can develop in the Body Control Module (BCM) connection system and result in voltage fluctuations or intermittency in the Brake Apply Sensor (BAS) circuit that can cause service brake lamp malfunction. As a result, the service brake lamps may illuminate when the service brakes are not being applied, or may not illuminate when the service brakes are being applied. Additionally, cruise control may not engage. If cruise control is engaged, additional service brake pedal travel may be required to disengage it. Service brake pedal application may not be required to move the shift lever out of PARK, or additional service brake pedal travel may be required to move the shift lever out of PARK. Traction Control, Electronic Stability Control (ECS), and panic braking assist features, if equipped, may be disabled. Service ESC and/or Traction Control tell-tales lights may illuminate with this condition. These conditions may increase the risk of a crash.

**What will we do?**

**PARTS ARE NOT CURRENTLY AVAILABLE**, but when parts are available, your Chevrolet dealer will attach the wiring harness to the BCM or mag beam, apply dielectric lubricant to both the BCM and harness connector and on the BAS and harness connector, and relearn the brake pedal home position. This service will be performed for you at **no charge**.

We are working as quickly as possible to correct this condition. When parts are available, we will send you another letter asking you to take your vehicle to your Chevrolet dealer to have your vehicle serviced. If you have already paid for repairs for this condition, a reimbursement request form will be included with the letter.

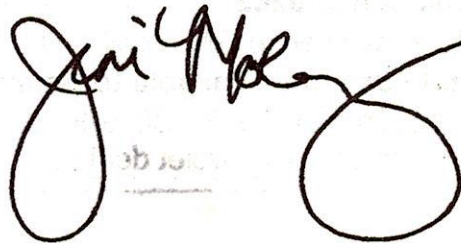
**What should you do?**

When GM notifies you that parts are available, you should contact your Chevrolet dealer to arrange a service appointment.

**Do you have questions?**

If you have questions or concerns that your dealer is unable to resolve, please contact the Chevrolet Customer Assistance Center at 1.800.222.1020 (TTY 1.800.833.2438).

Federal regulation requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within ten days.



Jim Moloney  
General Director – Customer & Relationship Services

GM Recall Number: 13036

No. [REDACTED]

EASTPOINTE OIL CHANGE CENTER #0007  
17830 E 9 MILE RD  
EASTPOINTE, MI 48021  
586.772.1010  
12/20/2013 11:17 AM

Customer	Vehicle
[REDACTED] (NEW) [REDACTED]	2004 CHEVROLET MALIBU ACCT # [REDACTED] Present Mileage: 120,972 Next Service Due on 3/20/2014 at 123,972 miles.

Description	Quantity	Lubricant	Part #	Taxable	Price
FULL SERVICE OIL CHANGE Lubricant Description: 5W30	4.50	5W30	PZ9A	\$9.00	\$19.99
SHOP FEE	1.00			\$1.99	\$1.99
AIR FILTERS	1.00	of Part #	PA26	\$15.99	\$15.99
Non-Taxable					
SubTotal				\$10.99	\$26.98
Coupon (3.00 OFF)					\$3.00
Coupon (\$2 OFF)					\$2.00
Tax (6.000%)					\$1.41
TOTAL (CASH)					\$34.38
Amount Tendered					\$40.00
Change					\$5.62

SERVICE CHECK LIST
1. Oil Change.....COMPLETE
2. Oil Filter.....COMPLETE
3. Air Filter.....REPLACED
4. Transmission... FULL
5. Coolant..... FULL
6. PCV Valve.....CHECKED & OK
7. Breather.....CHECKED & OK
8. P.S. Fluid..... FULL
9. Brake Fluid....SENSORED
10. Chassis Lube... SEALED
11. Wiper Blades...CHECKED & OK
12. Washer Fluid... FILLED
13. BatteryWater... MAIN FREE
14. Tire Press..Front Rear
15. Wash Windows...COMPLETE

1. Recommend High Mileage Oil for Next Service

Please retain this receipt. It will provide a record of the date and mileage for warranty purposes.

Customer Signature

Any claims for faulty workmanship must first be presented to the store manager before any refunds and/or damage reimbursement will be honored. Do not have any work performed on your vehicle without calling the store manager first if you expect reimbursement.

# Receipt for RD-108 Dealer Transaction

Dealer  
**BIG THREE AUTO SALES INC.**  
 Address  
**17020 E. 8 MILE RD**  
 City  
**DETROIT, MI 48205**

Dealer License No. **B8343**

Odometer **101992 A**

A = Actual mileage  
 B = Not actual mileage  
 C = Exceeds mechanical limits of odometer



Transaction Type:  
**TRANS TITLE/ORIG PLATE** MI  
 NO

Error/Flash Condition:

Error/Flash Approval Reason:

Validation: [REDACTED] 575.64 *S.I. RECORDED*				
Plate No. [REDACTED]	Expires on 07/02/2013	Months 09		
Year 2004	Make CHEVROLET	Body Style 4D	Code 01	County 82
Vehicle No. 1G1ZT648X4E [REDACTED]	Fee Cat. or Wt. 000021	License Fee 66.00		
Driver License No./IDs of All Owners/Lessees			Title	
1) [REDACTED]			15.00	
2) [REDACTED]			Title Late Fee 15.00	
Complete Name(s) and Address(es) of All Owners or Lessors			Tax 479.64	
[REDACTED]			Transfer Fee 0.00	
HARPER WOODS, MI [REDACTED]			Total 575.64	
Complete Name(s) and Address(es) of Lessees			Full Rights to Survivor	
NONE			Y	

First Secured Interest <b>CREDIT ACCEPTANCE CORP</b> <b>25505 WEST TWELVE MILE</b> <b>SOUTHFIELD, MI 48034</b>	Filing Date <b>11/10/2012</b>
Second Secured Interest <b>NONE</b>	Filing Date
Purchase Price of Vehicle	<b>7994.00</b>

Dealer Comment:  
 TAB NUMBER: [REDACTED]  
 OWNER CHANGE-O CHANGE





MEROLLIS CHEVROLET  
21800 GRATIOT  
EASTPOINTE MI  
586-775-8300

# SERVICE INVOICE

## ROLLIS CHEVROLET SALES & SERVICE, Inc.



*"Your Full Service G.M. Authorized Dealer"*

21800 GRATIOT AVENUE • EASTPOINTE, MI 48021

(586) 775-8300

FAX (586) 775-1119

www.merollischevy.com

STATE REGISTRATION NO. F-100180



**Goodwrench**

- Lifetime Service Guarantee
- Competitive Up-Front Pricing
- Courtesy Transportation

Merchant ID: 710006206  
Term ID: 0107

Sale



DURS  
- 8:00PM  
RIDAY

DEBIT

XXXXXXXXXXXX

Entry Method: Swiped

Approved: Online Batch#: 000006

05/16/14 07:29:51

Debit Ref #: 999

Inv#: 00276068 Appr Code: 183946

Total: \$ 193.36

Customer Copy

THANK YOU

GERALD MANIACI	310	TAG N° 068	INVOICE#	05/16/14
LABOR RATE	LICENSE NO.	MILEAGE	129,389 TAN/R	STOCK NO.
04/CHEVROLET/MALIBU MAXX/4DR SDN LT		DELIVERY DATE	DELIVERY MILES	
1EHE1ZT648X4F		SELLING DEALER NO.	PRODUCTION DATE	
F.T.E. NO.	P.O. NO.	R 05/14/14	REPRINT# 2	
COMMENTS				MO: 129395

ALIGNMENT TECH(S): 710 0.00

ALIGNMENT

95

ALIGNMENT NOT PERFORMED PER CUSTOMER

JOB# 1 TOTALS-----

JOB# 1 JOURNAL PREFIX CVCS JOB# 1 TOTAL 0.00

JOB# 2 CHARGES-----

LABOR  
J# 2 06CVZ ENGINE TECH(S): 710 50.00

LOW COOLANT LIGHT IS ON HAVE ADDED COOLANT  
50.00  
BYPASS AND HEATER INLET PIPE LEAKING

JOB# 2 TOTALS-----

JOB# 2 JOURNAL PREFIX CVCS JOB# 2 TOTAL 50.00

JOB# 3 CHARGES-----

LABOR  
J# 3 01CVZ06 AC BLOWS WARM TECH(S): 710 50.00

CUSTOMER CONCERN WITH A.C. BLOWING WARM  
195.00  
NO FREON IN SYSTEM, ALSO CONDENSER AND RADITOR IS DAMAGED  
CUSTOMER DECLINED

JOB# 3 TOTALS-----

JOB# 3 JOURNAL PREFIX CVCS JOB# 3 TOTAL 50.00

JOB# 4 CHARGES-----

LABOR  
J# 4 08CVZ13 MISC ELECTRICAL TECH(S): 710 50.00

DRIVERS REAR DOOR WILL NOT OPEN FROM OUTSIDE  
50.00  
CUSTOMER DECLINED DOOR LOCK ASSEMBLY

JOB# 4 TOTALS-----

JOB# 4 JOURNAL PREFIX CVCS JOB# 4 TOTAL 50.00

JOB# 5 CHARGES-----

LABOR  
J# 5 08CVZ02 EXTERIOR LIGHTING TECH(S): 710 0.00

PASS HEADLIGHT NOT WORKING AT ALL  
35.00  
CUSTOMER DECLINED RIGHT HEADLIGHT ASSEMBLY

TERMS are cash on delivery, ESTIMATES ARE FOR LABOR ONLY. MATERIAL IS EXTRA. Storage will be charged 48 hours after repairs are completed. Not responsible for loss or damage to cars or articles left in cars in case of fire, theft, freezing, accident or any other cause beyond our control. An express garage keeper's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

SHOP SUPPLIES - 15% OFF LABOR CHARGE MAX. \$29.90 FLOOR WORK DONE IS INCLUDED FOR SUPPLIES USED ON YOUR VEHICLE APPLICABLE SUPPLY ITEMS ARE TAPE, AEROSPRAY, SOLVENT, RAGS, CLEANERS, ELECTRICAL WIRE, AND TERMINALS. CHARGE ALSO INCLUDES HAZARDOUS WASTE DISPOSAL OF OIL SOLVENTS AND CLEANERS.

All repairs and parts listed were furnished in compliance with the Michigan Motor Vehicle Service and Repair Act.

THE ONLY WARRANTIES APPLYING TO THIS PART(S) ARE THOSE WHICH MAY BE OFFERED BY THE MANUFACTURER. THE SELLING DEALER HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND NEITHER ASSUMES NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE PART(S) AND/OR SERVICE. BUYER SHALL NOT BE ENTITLED TO RECOVER FROM THE SELLING DEALER ANY CONSEQUENTIAL DAMAGES, DAMAGES TO PROPERTY, DAMAGES FOR LOSS OF USE, LOSS OF TIME, LOSS OF PROFIT, OR INCOME OR ANY OTHER INCIDENTAL DAMAGES.

**ALL PARTS NEW ORIGINAL  
EQUIPMENT UNLESS  
OTHERWISE SPECIFIED**

Completely satisfied



**We want you to be Completely satisfied**

IF FOR ANY REASON YOU ARE NOT COMPLETELY SATISFIED WITH YOUR SERVICE VISIT, PLEASE CONTACT OUR SERVICE MANAGER IMMEDIATELY AND HE WILL ADDRESS YOUR CONCERNS.

*"Thank You for Your Business"*



SERVICE INVOICE

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(586) 775-8300

FAX (586) 775-1119



- Lifetime Service Guarantee
Competitive Up-Front Pricing
Courtesy Transportation

SERVICE DEPARTMENT HOURS
MONDAY & THURSDAY 7:00AM - 8:00PM
TUESDAY - WEDNESDAY - FRIDAY
7:00AM - 6:00PM

www.merolliscevycars.com
STATE REGISTRATION NO. F-100180

Customer information form including name (GERALD MANIACI), address (HARPER WOODS, MI), phone, and vehicle details (04/CHEVROLET/MALIBU MAXX/4DR SDN LT).

\* GOODWRENCH SERVICE PLUS PARTS HAVE LIMITED LIFETIME WARRANTY. SEE WRITTEN WARRANTY FOR COMPLETE DETAILS.
CASH [ ] CHECK [ ] C/CARD [ ] CHARGE [ ]
RELEASE DATE [ 5-16 ] INT [ M ]

TOTAL LABOR... 159.00
TOTAL PARTS... 25.10
TOTAL SUBLET... 0.00
TOTAL G.O.G... 0.00
TOTAL MISC CHG. 15.90
TOTAL MISC DISC -8.15
TOTAL TAX..... 1.51
TOTAL INVOICE \$ 193.36

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SHOP SUPPLIES - 15% OFF LABOR CHARGE MAX. \$29.90 FLOOR WORK DONE IS INCLUDED FOR SUPPLIES USED ON YOUR VEHICLE APPLICABLE SUPPLY ITEMS ARE TAPE, AEROSPRAY, SOLVENT, RAGS, CLEANERS, ELECTRICAL WIRE, AND TERMINALS. CHARGE ALSO INCLUDES HAZARDOUS WASTE DISPOSAL OF OIL SOLVENTS AND CLEANERS.

CUSTOMER SIGNATURE

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ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED

Completely satisfied
We want you to be Completely satisfied

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"Thank You for Your Business"



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STATE REGISTRATION NO. F-100180



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Courtesy Transportation

CUSTOMER NO. GERALD MANIACI 310 TAG NO. 068 INVOICE NO. 05/16/14
LABOR RATE LICENSE NO. MILEAGE 129,389 TAN/
04/CHEVROLET/MALIBU MAXX/4DR SDN LT
DELIVERY DATE DELIVERY MILES
I G I Z T 6 4 8 X 4 F
SELLING DEALER NO. PRODUCTION DATE
R 05/14/14 REPRINT# 2
COMMENTS MO: 129395

Table with 4 columns: JOB#, CHARGES, JOURNAL PREFIX, CVCS, TOTAL. Row 1: JOB# 6 CHARGES, JOB# 5 JOURNAL PREFIX CVCS, JOB# 5 TOTAL, 0.00

Table with 4 columns: LABOR, CHARGES, JOURNAL PREFIX, CVCS, TOTAL. Row 1: LABOR # 6 00CVZ34 COURTESY MPI INSPECT TECH(S):710 0.00

Table with 4 columns: LABOR, CHARGES, JOURNAL PREFIX, CVCS, TOTAL. Row 1: LABOR # 7+00CVZ01 DEXOS LOF TECH(S):710 9.00

Table with 4 columns: PARTS, QTY, FP, NUMBER, DESCRIPTION, UNIT PRICE. Rows for FILTER KI 1.836 (6.00) and OIL 8.800 (3.82)

Table with 4 columns: MISC, CODE, DESCRIPTION, CONTROL NO. Rows for OIL CHANGE DISCOUNT (-4.08) and OIL CHANGE DISCOUNT (-4.07)

Table with 4 columns: MISC, CODE, DESCRIPTION, CONTROL NO. Row: SS SHOP SUPPLIES WASTE 15.90

ESTIMATE: CUSTOMER HEREBY ACKNOWLEDGES RECEIVING ORIGINAL ESTIMATE OF \$390.00 (+TAX)

COMMENTS: TRUE AUTO 1-800-205-8988 CONT W171003421

TECHNICIAN CERTIFICATION: 710 JOSEPH M POTASNIK M-217877

TERMS are cash on delivery, ESTIMATES ARE FOR LABOR ONLY. MATERIAL IS EXTRA. Storage will be charged 48 hours after repairs are completed. Not responsible for loss or damage to cars or articles left in cars in case of fire, theft, freezing, accident or any other cause beyond our control. An express garage keeper's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

SHOP SUPPLIES - 15% OFF LABOR CHARGE MAX. \$29.90 FOUR WORK DONE IS INCLUDED FOR SUPPLIES USED ON YOUR VEHICLE APPLICABLE SUPPLY ITEMS ARE TAPE, AEROSPRAY, SOLVENT, RAGS, CLEANERS, ELECTRICAL WIRE, AND TERMINALS. CHARGE ALSO INCLUDES HAZARDOUS WASTE DISPOSAL OF OIL SOLVENTS AND CLEANERS.

ALL PARTS NEW ORIGINAL EQUIPMENT UNLESS OTHERWISE SPECIFIED

Completely satisfied We want you to be Completely satisfied

IF FOR ANY REASON YOU ARE NOT COMPLETELY SATISFIED WITH YOUR SERVICE VISIT, PLEASE CONTACT OUR SERVICE MANAGER IMMEDIATELY AND HE WILL ADDRESS YOUR CONCERNS.

# MOROSS & KELLY AUTO CENTER

COMPLETE AUTO REPAIR

18505 MOROSS RD.  
DETROIT, MICHIGAN 48224  
PHONE: (313) 839-2723

STATE REGISTRATION NO. F143660

WAIVER SIGNED  YES  NO

DATE 4-17-2014

CITY: Harperwood Mich STATE: ZIP: MAKE & MODEL: Chevy Malibu MAXX VEHICLE IDENTIFICATION NO. MILEAGE: COLOR: LIC. NO. HOME NO. WORK NO.

SERVICES TO BE PERFORMED	APPROX. TIME	ESTIMATED AMOUNT	ACTUAL AMOUNT
RXR Front Pads		221	221
RXR Front Rotors			
RXR Rear Pads			
RXR Rear Rotors			
RXR Flex Pipe			
RXR Tires			

GASOLINE • OIL • GREASE	ESTIMATED AMOUNT	ACTUAL AMOUNT	TOTAL LABOR
GALS GAS @			221
QTS OIL @			221
TRANS/DIFF			
ATF @			
COOLANT			
<b>TOTAL</b>			<b>442</b>
<b>- CERTIFICATION -</b>			<b>TOTAL PARTS</b>
Above repairs properly performed IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A. 300)			452
			<b>SHOP SUPPLIES</b>
			<b>TOTAL GAS, OIL AND GREASE</b>
			<b>OUTSIDE REPAIRS</b>
			<b>ROAD SERVICE TOWING</b>
			<b>OTHER</b>
			<b>SUBTOTAL</b>
			906.12
			<b>SALES TAX</b>
			27.12
			<b>TOTAL</b>
			933.24

QTY.	PART NO.	CODE	DESCRIPTION U = USED / R = REBUILT / W = WARRANTY	ESTIMATED AMOUNT	ACTUAL AMOUNT
	Set		Front Pads	45	45
	(2)		Front Rotors	72	72
	Set		Rear Pads	70	70
	(2)		Rear Rotors	80	80
	(1)		Flex Pipe	140	140
	(4)		Tires Used		
			90 Day Warranty		
PARTS ARE NEW UNLESS INDICATED OTHERWISE				TOTAL PARTS	452
OUTSIDE REPAIRS OR NOTES					
VEHICLES LEFT 3 DAYS AFTER COMPLETION SUBJECT TO STORAGE FEE					
TOTAL OUTSIDE REPAIRS					
NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT, OR ANY OTHER CAUSE BEYOND OUR CONTROL.			MECHANIC NAME AND CERTIFICATION NUMBER		
			A17481061K		

**YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED, EXCEPT HOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH AN NOT BE RETURNED TO YOU.**

Save  DISCARD Cust. Sig.

AUTHORIZED INCREASE FROM: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ TIME:  AM  PM PERSON CONTACTED: \_\_\_\_\_ BY (INIT): \_\_\_\_\_

YOU ARE ENTITLED TO A COPY OF THIS ORDER AT THE TIME OF YOUR SIGNATURE

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the car, truck or vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An \_\_\_\_\_ to secure the amount of repairs thereto.

CUSTOMER SIGNATURE: \_\_\_\_\_

PROGRESSIVE PRINTING • (586) 772-4821

THANK YOU

PARTS		TIRES	BATTERIES	ACCESSORIES	
QTY.	PART NO.	CODE	DESCRIPTION	ESTIMATED AMOUNT	ACTUAL AMOUNT
			U = USED / R = REBUILT / W = WARRANTY		
⑥			Wires		
⑥			Plugs		
①			oil filter House's Gasket		
①			Mirror, Right		

*90 DAY WARRANTY*

PARTS ARE NEW UNLESS INDICATED OTHERWISE TOTAL PARTS

OUTSIDE REPAIRS OR NOTES

VEHICLES LEFT 3 DAYS AFTER COMPLETION SUBJECT TO STORAGE FEE

TOTAL OUTSIDE REPAIRS

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT, OR ANY OTHER CAUSE BEYOND OUR CONTROL.

MECHANIC NAME AND CERTIFICATION NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

**YOU ARE ENTITLED BY LAW TO THE RETURN OF ALL PARTS REPLACED, EXCEPT THOSE WHICH ARE TOO HEAVY OR LARGE, AND THOSE REQUIRED TO BE SENT BACK TO THE MANUFACTURER OR DISTRIBUTOR BECAUSE OF WARRANTY WORK OR AN EXCHANGE AGREEMENT. YOU ARE ENTITLED TO INSPECT THE PARTS WHICH CAN NOT BE RETURNED TO YOU.**

Save  DISCARD Cust. Sig.

AUTHORIZED INCREASE FROM: \$ \_\_\_\_\_ TO: \$ \_\_\_\_\_

AMT. OF INCREASE DATE TIME PERSON CONTACTED BY (INIT)

AM  PM SS # OR DL #

YOU ARE ENTITLED TO A COPY OF THIS ORDER AT THE TIME OF YOUR SIGNATURE

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission for the purpose of testing and/or inspection. An amount of repairs thereto.

*[Signature]*

CUSTOMER SIGNATURE

**MOORE & KELLY AUTO CENTER**  
 COMPLETE AUTO REPAIR  
 18505 MORO RD.  
 DETROIT, MICHIGAN 48224  
 PHONE: (313) 481-2723

STATE REGISTRATION NO. F143660

WAIVER SIGNED  YES  NO

NAME: \_\_\_\_\_ DATE: 3-22-2014

ADDRESS: \_\_\_\_\_

CITY: CLARKWOODS STATE: MI

YEAR: 2014 MAKE & MODEL: MAZDA VEHICLE IDENTIFICATION NO. \_\_\_\_\_

MILEAGE: \_\_\_\_\_ COLOR: \_\_\_\_\_ LIC. NO. \_\_\_\_\_ HOME NO. \_\_\_\_\_ WORK NO. \_\_\_\_\_

SERVICES TO BE PERFORMED	APPROX. TIME	ESTIMATED AMOUNT	ACTUAL AMOUNT
RR Wires			9600.00
RR Plugs			
RR M, P/OV			
RR oil filter House's Gasket			

GASOLINE • OIL • GREASE	ESTIMATED AMOUNT	ACTUAL AMOUNT	TOTAL LABOR
GALS GAS @			TOTAL PARTS
QTS OIL @			SHOP SUPPLIES
TRANS/DIFF			TOTAL GAS, OIL AND GREASE
ATF @			OUTSIDE REPAIRS
COOLANT			ROAD SERVICE TOWING
			OTHER
<b>TOTAL</b>			SUBTOTAL
			SALES TAX
			<b>TOTAL</b> 9600.00

- CERTIFICATION -  
 Above repairs properly performed  
 IN COMPLIANCE WITH MICHIGAN AUTO REPAIR ACT (P.A. 300)

# Big Reds Automotive

36487 South Gratiot  
 Clinton Township, MI 48035  
 Shop Phone: (586) 231-0060

## Repair Order

Estimate Ref: [Redacted]  
 Date Printed: 02/14/2013  
 Printed Time: 4:23 pm

Hat/Ref: [Redacted] Big Reds Automotive

Time Promised:

2004 CHEVROLET MALIBU MAXX V6 3.5L 213CID FI GAS N 8

VIN: 1G1ZT648X4F [Redacted]

Harper Woods, MI [Redacted]

License: [Redacted]

Mileage In: 106,676

Date Written: 02/13/2013

Home: [Redacted]

Unit #:

Mileage Out: 106,676

Written By: Hal Quantz

Cell:

DOM:

Save Old Parts: No

Job Name	Description	Technician	Qty	List	Extended
Check clunk & steering whee...	Check steering wheel play and clunk, internal...				
Labor ret	Work Requested - Check steering wheel play and clunk, internal steering rack play and noise, replace steering rack, reset toe		3.50	80.00	280.00
Part RP6566	Work Performed - Check steering wheel play and clunk, internal steering rack play and noise, replace steering rack, reset toe RACK/PINION-RMFD 1 EA FENCO / Rack & Pinion Comp Unit		1.00	275.39	275.39

Note/Title

Customer has Wynns warranty 800-901-6182, auth # 60WU956305, total auth amt \$471.92

*All parts and labor as described on this repair order are warranted for 12 months or 12,000 miles whichever occurs first, clutch kits are warranted against failure due to defects in material or workmanship and will not be replaced due to excessive wear due to improper clutch operation, ALL WARRANTY REPAIRS are to be performed at this facility ONLY, NO ELECTRICAL OR ELECTRONIC PARTS ARE COVERED UNDER THIS WARRANTY. WE ARE NOT RESPONSIBLE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES of any kind, including but not limited to , towing, loss of income, etc., customer agrees to mitigate any damages by continuing to monitor fluid levels and report any problems as soon as they appear.*

Payment Date	Type	Method	Amount
2/14/2013	Cash		113.77
<b>Payment Totals:</b>			<b>\$113.77</b>

Parts: \$275.39  
 Labor: \$280.00  
 Sublet: \$0.00  
 Misc: \$0.00

Hazmat: \$2.00  
 Supplies: \$11.11

Tax Total: \$17.19  
**Invoice Total: \$585.69**  
 Less Paid: 113.77  
**Balance Due: \$471.92**

586-231-0060

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

Authorized By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

# GOODWILL REPAIR ACKNOWLEDGEMENT

Dealership Name: Bia 3 Representative: Melvin  
Customer Name(s): [REDACTED]  
Street Address: [REDACTED] happy woods ml [REDACTED]  
Home Telephone: [REDACTED] Work Telephone: \_\_\_\_\_  
Vehicle Year: 04 Make: Chev Model: Malibu VIN: \_\_\_\_\_  
Odometer Reading: \_\_\_\_\_ License No: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the Dealership to operate my vehicle on public streets for testing purposes in connection with its rendering of the following repairs:

Brakes  
steering locking

By signing below, I acknowledge that the above-listed repairs that I am requesting the Dealership to attempt are not covered under the terms of any warranty and that the Dealership is not obligated to perform them. I understand that the Dealership is in no way creating a warranty of any kind on my vehicle by attempting the "goodwill" repairs to the vehicle at no charge to me. I also understand that the DEALERSHIP HEREBY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE RELATING TO THIS REPAIR AND ALL GOODS AND SERVICES UTILIZED AND/OR PERFORMED IN CONJUNCTION WITH THIS REPAIR. I further agree that the Dealership will not be liable for any damage to my vehicle or its contents due to fire, theft, an act of nature, or any cause beyond the Dealership's control.

This Goodwill Repair Acknowledgement is hereby incorporated by reference into the Repair Order for this service transaction, which contains additional information from the Dealership. The Dealership will return replaced parts to me unless they are subject to a manufacturer's warranty, a core charge or I specify otherwise on this Goodwill Repair Acknowledgement.

I hereby request that the Dealership discard any replaced parts.

[REDACTED]  
Customer's Signature

Melvin White  
Dealership Representative's Signature

# WYNN'S PLUS<sup>SM</sup>

## USED VEHICLE SERVICE CONTRACT/APPLICATION



**WYNN'S EXTENDED CARE, INC.\***  
 6303 Blue Lagoon Dr., Suite 225  
 Miami, FL 33126  
 1-800-901-6182  
 \*Not affiliated with Wynn Oil Company

This document is an **Application** for a **Vehicle Service Contract**. If this **Application** is accepted by **Us**, then it will become **Your Contract** (**THIS STATEMENT IS NOT APPLICABLE IN ARIZONA**). The words in boldface type (other than the headings in this **Contract**) are defined in the "**Definitions**" section below.

CUSTOMER INFORMATION				SELLING DEALER	
Name		[REDACTED]		Name <b>BIG THREE AUTO SALES INC</b>	
Address		[REDACTED]		Address <b>17020 E. EIGHT MILE</b>	
City	State	Zip	City	State	Zip
<b>HARPER WOODS, MI</b>	[REDACTED]	[REDACTED]	<b>DETROIT, MI</b>	<b>48205-</b>	[REDACTED]
Telephone		[REDACTED]		Telephone <b>(313) 245-0800</b>	Dealer Account No. [REDACTED]

VEHICLE INFORMATION			
Vehicle Identification Number (VIN) <b>1G1ZT648X4F [REDACTED]</b>		Current Odometer Reading <b>101992 Miles (Not to exceed 175,000 miles)</b>	
Year	Make	Model	Class
<b>2004</b>	<b>CHEVROLET</b>	<b>MALIBU MAXX</b>	
Lienholder - Credit Acceptance		Contract Price \$ <b>1580.00</b>	
		Vehicle Purchase Price \$ <b>7795.00</b>	

CONTRACT INFORMATION	
Standard Deductible: \$100	CA Approval #: <b>49186013</b>

**COVERAGE TERM** (Please check one box)

Coverage Type: **Wynn's Plus Deluxe Coverage**  24 Months/ 24,000 Miles

Coverage begins on the date that the **Contract** was purchased and expires upon the passing of the number of months or miles specified above, whichever occurs first. This **Contract** must be purchased on date of **Vehicle** sale.  \_\_\_\_\_ Months/ \_\_\_\_\_ Miles

**ADDITIONAL COVERAGES (Must be purchased if Vehicle is equipped with the following — check those that apply):**

<input checked="" type="checkbox"/> Vehicles with 100,001-125,000 Miles	<input type="checkbox"/> Exotic Vehicles	<input type="checkbox"/> Turbo/Supercharger
<input type="checkbox"/> Vehicles with 125,001-150,000 Miles	<input type="checkbox"/> Four Wheel Steering/Four Wheel Drive	<input type="checkbox"/> Current + 11 Model Years
<input type="checkbox"/> Vehicles with 150,001-175,000 Miles	<input type="checkbox"/> One Ton	<input type="checkbox"/> Current + 12 Model Years
<input type="checkbox"/> Diesel	<input type="checkbox"/> One Ton/4x4/Diesel/Turbo Combined	<input type="checkbox"/> Current + 13 Model Years

Note: Seals and Gaskets and High-Tech coverage is included as part of the Wynn's Plus Deluxe Coverage if the **Vehicle** has 100,000 miles or less on the odometer at the date of **Contract** purchase.

**CONTRACT OBLIGOR (We, Us or Our): Administrator**

I have agreed to and acknowledge the maintenance schedule, the claim process, the coverage provided, the time and mileage limitations, the exclusions of coverage, the cancellation provisions of this **Contract** including the "**Other Important Contract Provisions/Limitations**" exceptions section, and have read and understood said provisions. It is understood that the purchase of this **Vehicle Service Contract** is **NOT** a requirement to purchase or obtain financing. I understand that the above information may be subject to verification and that this **Application** may be rejected if any of the above information is incorrect or if the above **Vehicle** is not eligible for the term or coverage written as determined by the **Administrator** in its sole discretion. For residents of the State of Arizona, this **Service contract agreement** shall be effective from the date of Sale of the agreement and the agreement is additionally subject to all the provisions of Arizona Administrative Code rule number R20-6-407(E)(4).

CUSTOMER: [REDACTED] PURCHASE DATE: 11/10/12

AUTHORIZED REPRESENTATIVE OF SELLING DEALER: [Signature] DATE: 11/10/12

THIS SERVICE **CONTRACT** IS INSURED FOR ITS LIABILITY UNDER A SERVICE CONTRACT REIMBURSEMENT INSURANCE POLICY ISSUED BY **NATIONAL CASUALTY COMPANY**, A MEMBER COMPANY OF THE Nationwide® Insurance group. IF **WE** DO NOT SETTLE **YOUR** CLAIM(S), AS **ADMINISTRATOR** WITHIN SIXTY (60) DAYS (THIRTY (30) DAYS IN ARIZONA) OF **OUR** RECEIPT OF **YOUR** PROOF OF LOSS, **YOU** MAY MAKE A CLAIM DIRECTLY AGAINST: **NATIONAL CASUALTY COMPANY**, P.O. BOX 4110, SCOTTSDALE, AZ 85261-4110 (800) 423-7675.

**IMPORTANT:** Before beginning any repair work on **Your Vehicle**, call Wynn's Extended Care, Inc.\* at 1-800-901-6182



# BIG RED'S AUTOMOTIVE INC.

3520

36487 GRATIOT  
CLINTON TOWNSHIP, MI 48035  
(586) 231-0060

Date: 2/14/13 Time: \_\_\_\_\_  
Proposed Completion Date: \_\_\_\_\_

QUANTITY	PART NUMBER AND DESCRIPTION	UNIT PRICE	EXTEND
1	OIL CHANGE	26.00	
1	REAR BRAKE SHOES LIKE FRM	62.00	
	SHOCK SWAPS	20.00	

NAME: [REDACTED] PHONE: [REDACTED]  
ADDRESS: [REDACTED]  
CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

YEAR: 04 MAKE: CHRYSLER MODEL: PT CRUISER LICENSE TAG NO: SWAN 606  
VIN: 1G12T46X4F [REDACTED]  
IN DATE: 2/14/13 ODOMETER: 106076 OUT DATE: 1/1 ODOMETER: \_\_\_\_\_

**Intended Payment Method**  
CASH  CHECK  CREDIT CARD

DESCRIPTION LABOR  
LUBE   
CHANGE OIL   
FLUSH TRANS OFF

OPER # 1  
DESCRIPTION OF WORK  
1 REPLACES REAR BRAKES.  
2 FRONT AND FIVE POINTS  
3 PERFORMED OIL CHANGE AND  
4 DID UPTIPE INSPECTION  
5 CUSTOMER PAYS 100% DEPTABLE  
6 ON POLICY  
7 DRAINED OIL  
CUSTOMER COMPLAINT/PROBLEM: \_\_\_\_\_

CHECK ONE  
 ESTIMATE  
 INVOICE

TOTAL PARTS → \_\_\_\_\_  
SUBLET REPAIRS \_\_\_\_\_  
TOTAL SUBLET REPAIRS → \_\_\_\_\_

**PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:**  
I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$ \_\_\_\_\_  
 I REQUEST A WRITTEN ESTIMATE.  
 I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ \_\_\_\_\_. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.  
 I DO NOT REQUEST WRITTEN ESTIMATE

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ESTIMATED COST OF REPAIR \$ \_\_\_\_\_ X  
REVISED ESTIMATE \$ \_\_\_\_\_ X

month/ mile warranty on all parts and labor unless otherwise specified.  
TECH. SIG. X MOORE 2/14/13 CERT. \_\_\_\_\_  
INCLUDE IN ESTIMATE \$ \_\_\_\_\_

BATT DISPOSAL \$ \_\_\_\_\_ TIRE DISPOSAL \$ \_\_\_\_\_ HAZARDOUS WASTE \$ \_\_\_\_\_ SHOP SUPPLIES \$ \_\_\_\_\_ ENVIRO CHARGE \$ \_\_\_\_\_ PHONE \_\_\_\_\_

DAILY CHARGE FOR STORAGE AFTER 3 WORKING DAYS AFTER CUSTOMER NOTIFIED \$ \_\_\_\_\_ PER DAY OTHER AUTHORIZED PERSON \_\_\_\_\_

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the vehicle herein described for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on this vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to the vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control. If it becomes necessary for you to employ a collection agency and/or an attorney, you shall be responsible for the expenses thereof, plus a reasonable attorney's fee.

SAVE OLD PARTS  
 YES  NO (Core may apply)

TOTAL LABOR 232.00  
TOTAL PARTS 106.00  
SUB-TOTAL  
TAX  
TOTAL 338.00

The limited warranties applying to the parts listed herein are those which may be offered by the manufacturer. We hereby expressly disclaim all warranties, either expressed or implied, including any implied warranties of the merchantability or fitness for a particular purpose and neither assume, nor authorize any other person to assume for the company any liability in connection with the sale of this part(s) and/or services. Buyer shall not be entitled to recover from the company any consequential damages, to property, damages for loss of use, loss of time, loss of profits or income, or any other incidental damages.



**AUTHORIZATION FOR ELECTRONIC RECURRING PAYMENTS**

I hereby authorize Western Union Financial Services, Inc. (the "Billing Company") and Credit Acceptance Corporation, through the bank of their choosing, to initiate electronic debit entries to (or to otherwise cause funds to be withdrawn from) the checking or savings account at the bank named below for the purpose of making the payments on my account with Credit Acceptance Corporation. The debits are to be made Monthly, commencing on the First Debit Date listed below in the amounts set forth under Section (E), entitled Debit Information. I also authorize Billing Company and Credit Acceptance to change the frequency of the debits; the dates of the debits; and the bank and bank accounts from which the debits will be taken provided I give Billing Company or Credit Acceptance Corporation notice by telephone, fax or in writing. (See Contact Information Below)

I direct Billing Company to deduct from the bank account the Monthly Payment payable to Credit Acceptance Corporation and to transmit the Monthly Payment to Credit Acceptance. This Authorization shall remain in full force and effect until Billing Company or Credit Acceptance has received notification from me by telephone, fax, or in writing, of its termination in such time and in such manner as to afford Billing Company reasonable opportunity to act on it. (See Contact Information Below). This Authorization may be suspended by Billing Company or Credit Acceptance without notification to me for reasons dictated by operation of law, rule, regulation, payment in full of the underlying obligation; or for risk management purposes.

**(A) CUSTOMER DATA**

[Redacted]  
Harper Woods MI [Redacted]

Customer fax # (if available) \_\_\_\_\_

**(B) BANK ACCOUNT HOLDER**

(Complete if different from above)

Name of Bank Account Holder \_\_\_\_\_

**(D) CREDITOR INFORMATION**

Company to be Paid: **Credit Acceptance Corporation**  
Collector Code: **DMQ**  
Please apply my payments to account # **49186013**

**(E) DEBIT INFORMATION**

Monthly Payment Amount: **\$347.31**  
Monthly Payment: **\$347.31**  
Please debit the bank account the following Monthly amount:  
**\$347.31 Once A Month On The 17th**

**(C) BANK ACCOUNT INFORMATION**

(Please also attach a voided check)

Name of Bank \_\_\_\_\_

Bank Routing Number (9 Digits) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

This Account is:  Checking (or)  Savings

Signature of Bank Account Holder \_\_\_\_\_

**(F) FIRST DEBIT DATE: 03/17/2014**

**Due Date.** Form must be received by **03/14/2014** in order to have the account activated and started on time.

After activation, if you need to make changes to your information, you must call a minimum of two (2) business days prior to your debit date.

For weekly and biweekly payment frequencies, if the calendar month has an additional pay period, we will make an additional debit from the Bank Account.

Date       /      /        
MM/DD/YY

**Contact Information:**

If you have questions, please contact Customer Service at: **888-857-7377**.  
Hours of Operation: Mon – Fri. 8 a.m. – 11 p.m. and Sat. 8 a.m. – 5 p.m. (Eastern)

If you would prefer to fax the authoriaztion form to enroll, change or cancel, please fax to: **866-610-9984**

To enroll, change or cancel this Authorization, please mail to:

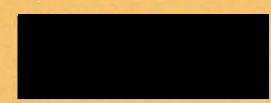
Henderson Servicing Center & Training Facility  
C/O Customer Service  
2460 Paseo Verde Parkway, Suite 110  
Henderson, NV 89074-7136



**Please retain as your copy**



Detroit, Michigan



U.S. Department of TRANS  
NATIONAL Highway Traffic Safety  
Administration  
1200 New Jersey Avenue SE  
Washington, DC  
20590