NBF-010

CL-10852650-8879



March 9, 2016

MAR 18 2016

To Whom It May Concern:

In 1956, when I married my husband, he had a Buick Skylark and it lasted many years and never gave us a day of trouble. After I was widowed, I had a Buick Regal and that served me well for quite a number of years. In October, 2000, I bought a Century Custom and I still own it.* It is always kept in my garage and, as a widow living alone, I do mostly local driving. Generally, I don't take passengers except on rare occasions and, because of the climate here in Florida, I seldom open my windows because most of the time I use my air conditioning.

Last week, I took my car to my service center and had to have my third window repaired since acquiring my car. This necessitated having the door taken apart and a new mechanism installed! It seems rather odd to me that I would experience the same problem three times, once each with 3 windows. This is a very costly repair job and, to date, I have incurred a total of $899.33 for these repairs.

I would very much appreciate your review of this matter and inform me of your findings. Thank you for your attention to this situatioon.

Very truly yours,

[redacted]

* Purchased at Endicott Buick

NM
32916
SMD

DEAL#42624

# RETAIL INSTALMENT SALE CONTRACT
## GMAC FLEXIBLE FINANCE PLAN

Dealer Number　　Contract Number

| Buyer (and Co-Buyer) - Name and Address (Include County and Zip Code) | Creditor (Seller Name and Address) |
|---|---|
| [redacted]<br>CORAL SPRINGS FL [redacted]<br>Month of Birth of Registered Owner [redacted] | TOM ENDICOTT BUICK, INC.<br>1345 S. FEDERAL HIGHWAY<br>POMPANO BEACH, FL 33062 |

You, the Buyer (and Co-Buyer, if any) may buy the vehicle described below for cash or on credit. By signing this contract, you agree to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Creditor the Amount Financed and Finance Charge according to the payment schedule shown below. The Finance Charge is figured on a daily basis at the Annual Percentage Rate on the unpaid balance of the Amount Financed.

**Description of Vehicle.** You agree to buy and the Creditor agrees to sell the following vehicle:

| New or Used | Year | Weight (lbs.) | Make and Model | Body Type | Vehicle Identification No. | Use for Which Purchased |
|---|---|---|---|---|---|---|
| NEW | 2000 | | BUICK CENTURY | SEDAN | 2G4WS52J0Y1[redacted] | ☒ personal ☐ agricultural ☒ business ☐ |

If truck - Describe body and major items of equipment sold:

### FEDERAL TRUTH-IN-LENDING DISCLOSURES

| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | Amount Financed The amount of credit provided to you or on your behalf. | Total of Payments The amount you will have paid after you have made all payments as scheduled. | Total Sale Price The total cost of your purchase on credit, including your downpayment of $ 4612.80 is |
|---|---|---|---|---|
| 0.00 % | $ 0.00 | $ 18259.55 | $ 18259.20 | $ 22872.00 |

**Your Payment Schedule Will Be:**

| Number of Payments | Amount of Payments | When Payments Are Due | Or as Follows: |
|---|---|---|---|
| 60 | 304.32 | Monthly beginning 03 DEC 2000 | |
| | N.A | | |

**Late Charge.** If a payment is not paid in full within 10 days after it is due, you will pay a late charge of 5% of the amount of the payment that is late.

**Prepayment.** If you pay off all your debt 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 the other side of this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date, and security interest.

N.A.

### ITEMIZATION OF AMOUNT FINANCED

1 Cash Price (including any accessories, services, and taxes) $ 22805.30 (1)

2 Total Downpayment = (If negative enter "0" and see line 4I below)

Gross Trade-in $ 4112.80 - Payoff by seller $ N.A.

= Net Trade-in $ 4112.80 + Cash $ N.A.

+ Other (Describe) REBATE $ 500.00

Your Trade-in is a 92 BUIC REGA Year Make Model $ 4612.80 (2)

3 Unpaid Balance of Cash Price (1 minus 2) $ 18193.50 (3)

4 Other Charges Including Amounts Paid to Others on Your Behalf: (Seller may be keeping part of these amounts.)

A Cost of Required Physical Damage Insurance Paid to the Insurance Company Named Below - Covering Damage to the Vehicle $ N.A.

B Cost of Optional Mechanical Repair Insurance Paid to the Insurance Company Named Below - Covering Certain Mechanical Repairs $ N.A.

C Cost of Optional Credit Insurance Paid to the Insurance Company or Companies Named Below. Life $ N.A. Disability, Accidental and Health $ N.A. $ N.A.

D Official Fees Paid to Government Agencies M.V.W.E.A. $ 2.00

E Documentary Stamps $ 64.05

F Government License and/or Registration Fees (Itemize) $ N.A.

G Government Certificate of Title Fees $N.A.

H Other Charges (Seller must identify who will receive payment and describe purpose)

to ________ for ________ $N.A.

to ________ for ________ $N.A.

to ________ for ________ $

I Net Trade-in payoff to ________ $N.A.

Total Other Charges and Amounts Paid to Others on Your Behalf ($2. lemon law fee N.A.
$64.05 State Doc stamps) → $66.05 (4)

5 Amount Financed–Unpaid Balance (3 + 4) $[illegible] (5)

**Insurance.** If any insurance is checked below, the policies or certificates issued by the Companies named will describe the terms and conditions.

**Required Physical Damage Insurance.** Physical damage insurance is required, but you may obtain it from anyone you want who is acceptable to the Creditor. Your choice of insurance providers will not affect the Creditor's decision to sell or extend credit to you. The cost of this insurance is shown in 4A of the Itemization above.

Insurance Company N.A. Term N.A. months

☐ $N.A. Deductible Collision and either:

☐ Full Comprehensive including Fire, Theft and Combined Additional Coverage

☐ $________ Deductible Comprehensive including Fire, Theft and Combined Additional Coverage

☐ Fire, Theft and Combined Additional Coverage

Optional, if desired – ☐ Towing and Labor costs ☐ Rental Reimbursement ☐ CB Radio Equipment

**Optional Mechanical Repair Insurance.** The cost of this insurance is shown in 4B of the Itemization above.

Insurance Company ________

Term: ☐ 36 months or 36,000 miles, whichever occurs first

Term: ☐ ________

☐ $25 Deductible ☐ $50 Deductible ☐ $________ Deductible

**Optional Credit Insurance.** Credit life insurance and credit disability insurance are not required to obtain credit and will not be provided unless you sign for them and agree to pay the additional cost. If you want this insurance, check the insurance desired and sign below. If you have chosen this insurance, the cost is shown in 4C of the itemization above. Credit life insurance is based upon the payment schedule shown above and the term shown below. This insurance may not pay all you owe on this contract if you make late payments. It will not pay all you owe if coverage ends before your last payment is due. Disability insurance covers the original payment amount for the term shown below. It will not pay all your payments if you make late payments or if coverage ends before your last payment is due.

**Check the insurance desired:** ☐ Life (Buyer ☐ Co-Buyer ☐ Both ☐) Term: Coverage ends ________.

☐ Disability, Accident and Health (Buyer Only) Term: Coverage ends ________.

________ (Name of Insurer) N.A. (Home Office Address)

This policy will pay amounts due on this contract up to $ N.A. . Total policy coverage for this and any other retail instalment sale contract is limited to $________.

APPROVAL: I DESIRE TO OBTAIN THE CREDIT INSURANCE CHECKED ABOVE FOR THE PERSON PROPOSED FOR INSURANCE.

Buyer Signature ________ Date ________ Co-Buyer Signature ________ Date ________

**THE INSURANCE, IF ANY, REFERRED TO IN THIS CONTRACT DOES NOT INCLUDE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS.**

**See the other side of this contract for other important agreements, including your agreement to give the Creditor a security interest in insurance premiums and proceeds.**

**Notice to the Buyer: a) Do not sign this contract before you read it or if it contains any blank spaces. b) You are entitled to an exact copy of the contract you sign. Keep it to protect your legal rights.**

**You signed this contract and received a copy on** OCTOBER (Mo.) 19TH (Day) 2000 (Yr.)

Buyer Signs [redacted]

**Notice to the Co-Buyer–** A co-buyer is a person who is responsible for paying the entire debt. The co-buyer knows that the Creditor has a security interest in the vehicle and consents to the security interest.

Co-Buyer Signs ________

Creditor Signs ________ By ________ Title ________

# CUSTOMER 1 TIRE & AUTO CARE

OWNED AND OPERATED BY A PROUD GOODYEAR INDEPENDENT DEALER
9811 JOG RD
BOYNTON BEACH, FL 33437
(561)732-6664, FL REG# MV55080
FEDERAL TAX ID# 591571821

TIRE & SERVICE NETWORK
GOODYEAR
DUNLOP TIRES
KELLY TIRES

## INVOICE
[redacted]

03/03/16 03/04/16
10:39 AM 12:18 PM
TERR [redacted]
NONSIG: [redacted]

PAGE: 01

BILL TO: [redacted]
BOYNTON BEACH, FL [redacted]

PHONE 1....... [redacted] EXT.
PHONE 2.......
DATE PROMISED 03/03/16
TIME PROMISED
RETURN PARTS.. NO
SALESMAN...... 022 / 022
PRIOR INVOICE. [redacted]

VEH YEAR/MAKE. 00 BUICK
VEHICLE MODEL. CENTURY CUSTOM
VEHICLE COLOR. RED
LICENSE/STATE. [redacted]
ODOMETR IN/OUT 73745 / 73745
VEHICLE ID #.. 2G4WS5JOY1[redacted]

| ACCOUNT # | COB | TC | CUST# | TYPE/STATE | | AUTHORIZATION | CREDIT CARD NO. |
|---|---|---|---|---|---|---|---|
| [redacted] | R | 01 | [redacted] | 0 | FL | 00449P | [redacted] |

| SLSM | TECH | PRODUCT CODE | BC | QTY | DESCRIPTION | PARTS | LBR/EXCISE | LINE TOTAL |
|---|---|---|---|---|---|---|---|---|
| 022 | 016 | 047-100 | R | 1 | CHECK R/F WINDOW | .00 | .00 | .00 |
| 022 | 020 | 048-170 | R | 1 | ESTIMATE/WORK ORDER PREPARATION | .00 | .00 | .00 |
| 022 | 016 | 059-200 | R | 1 | WINDOW MOTOR/REGULATOR (C/A) | 149.00 | .00 | 149.00 |
| 022 | 016 | 059-100 | R | 1 | LABOR TO REPAIR WINDOW R/F | .00 | 125.00 | 125.00 |

MAINTAIN TIRE ROTATION EVERY 3K TO 5K. TIRE ALIGN EVERY 15K OR AS NEEDED & RE,CK TIRE WEAR AFTER 1000 MLS
PLEASE CONTACT YOUR STORE MANAGER WARREN SECKLER @ 561-732-6664 WITH ANY QUESTIONS/SUGGESTIONS THANKS

| | |
|---|---|
| PARTS TOTAL........ | 149.00 |
| LABOR TOTAL........ | 125.00 |
| MISC SHOP SUPPLIES. | 19.18 |
| SUB TOTAL.......... | 293.18 |
| SALES TAX.......... | 17.60 |

CHARGED AMOUNT 310.78
TAXABLE AMOUNT 293.18

----------------------------
MER AUTHORIZATION FOR TOTAL

**INVOICE TOTAL $310.78**

ALL PARTS LISTED ARE NEW, UNLESS OTHERWISE STATED

**SEE REVERSE SIDE FOR IMPORTANT SAFETY WARNING AND WARRANTY INFORMATION**

**HAVE A QUESTION OR PROBLEM?**
Please tell our store manager. We value your opinion as much as your business. Should you need additional assistance, call our
**CUSTOMER ASSISTANCE LINE 1-800-321-2136**

Lowe

# FAMILY AUTOMOTIVE

12550 Mil Trail
Boynton Beach, FL 33436
(561) 637-8998

## REPAIR ORDER NO. [redacted]

**MATERIAL USED**

ALL PARTS NEW UNLESS SPECIFIED: U-USED R-RECONDITIONED

| QTY | PART NO. | DESCRIPTION | PRICE |
|---|---|---|---|
| (1) | Right | Rear window | |
| | Regulator | | 209 96 |
| (2) | wheel | cylinder | 35 96 |
| | Fluid | | 5 00 |

Parts Saved: Yes ☐ No ☐

This charge represents costs and profits for the motor vehicle repair facility

For miscellaneous shop supplies or waste disposal 5 00

TOTAL

Warranty on this job is for ______ Months ______ Miles

2nd Authorized Name ______ Phone ______

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.

NAME [redacted] DATE 9-20-13

ADDRESS

| MAKE | TYPE OR MODEL | YEAR | RECEIVED (DATE & TIME) A.M. P.M. |
|---|---|---|---|
| Buick | Century | 00 | |

| SERIAL NO./VIN | ENGINE NO. | PROMISED (DATE & TIME) A.M. P.M. |
|---|---|---|
| | 6 cyl | |

| ODOMETER | LICENSE NO. | TERMS | PHONE WHEN READY ☐ YES ☐ NO |
|---|---|---|---|
| 58200 | | | |

MV# [redacted] ORDER WRITTEN BY [redacted]

| DSS | (S) | LABOR CHARGE |
|---|---|---|
| Lubrication ☐ | | |
| Change Oil ☐ | | |
| Change Oil Filter ☐ | | |
| Change Trans. ☐ | | |
| Change Diff. ☐ | | |
| Pack Front Wheel Brgs. ☐ | | |
| Adjust Brakes ☐ | | |
| Rotate Tires ☐ | | |
| Wash Polish ☐ | | |
| State Inspection ☐ | | |

| ORDER NO. | INSTRUCTIONS | |
|---|---|---|
| | Fix problem with wiring | |
| | Right rear window - | |
| | LABOR Regulator | 90 00 |
| | LABOR wheel cylinder | 180 00 |

Estimated Cost $______ Estimate Charge ______

Basis for Charge

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 $100

____ 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 A WRITTEN ESTIMATE.

[redacted]

I AUTHORIZE YOU AND YOUR EMPLOYEES PERMISSION TO OPERATE THIS VEHICLE ON STREETS OR HIGHWAYS FOR THE EXPRESSED PURPOSE OF TESTING AND OR INSPECTION.

INITIALS

**METHOD OF PAYMENT:** ☐ CASH ☐ CHECK ☐ CHARGE

**LABOR:** ☐ HOURLY ☐ FLAT RATE ☐ BOTH

Daily storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

$______

GUARANTEED ITEM(S)______

GUARANTEE EFFECTIVE AFTER

TIME ______

MILEAGE ______

| | |
|---|---|
| TOTAL LABOR | 270 00 |
| TOTAL PARTS | [illegible] |
| ACCESSORIES | 253 92 |
| GAS, OIL & GREASE | 30 [illegible] |
| OUTSIDE REPAIRS | 283 92 |
| | [illegible] |
| TAX | [illegible] |
| TOTAL AMOUNT | [illegible] |

583 [illegible]

**REPAIR ORDER** NO. [redacted]

# FAMILY AUTOMOTIVE

12550 Mil Trail
Boynton Beach, FL 33436
(561) 637-8998

MATERIAL USED

ALL PARTS NEW UNLESS SPECIFIED: U-USED R-RECONDITIONED

| QTY | PART NO. | DESCRIPTION | PRICE |
|---|---|---|---|
| 1 | Left Rear window Regulator | | 209 98 |

Parts Saved: Yes ☐ No ☐

This charge represents costs and profits for the motor vehicle repair facility

For miscellaneous shop supplies or waste disposal 4 00

TOTAL.

Warranty on this job is for ________ Months ________ Miles

2nd Authorized Name ________ Phone ________

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

[redacted]

DATE

ADDRESS

| MAKE | TYPE OR MODEL | YEAR | RECEIVED (DATE & TIME) A.M. P.M. |
|---|---|---|---|
| SERIAL NO./VIN | ENGINE NO. | | PROMISED (DATE & TIME) A.M. P.M. |
| ODOMETER | LICENSE NO. | TERMS | PHONE WHEN READY ☐ YES ☐ NO |
| MV# [redacted] | ORDER WRITTEN BY [redacted] | | |

| DSS | (S) | LABOR CHARGE |
|---|---|---|
| Lubrication ☐ | | |
| Change Oil ☐ | | |
| Change Oil Filter ☐ | | |
| Change Trans. ☐ | | |
| Change Diff. ☐ | | |
| Pack Front Wheel Brgs. ☐ | | |
| Adjust Brakes ☐ | | |
| Rotate Tires ☐ | | |
| Wash Polish ☐ | | |
| State Inspection ☐ | | |

| ORDER NO. | INSTRUCTIONS | |
|---|---|---|
| | Driver rear Window | |
| | LAbor | 72 00 |

Estimated Cost $________ Estimate Charge ________

Basis for Charge

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 $100

____ 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 A WRITTEN ESTIMATE.

SIGNED [redacted] DATE

I AUTHORIZE YOU AND YOUR EMPLOYEES PERMISSION TO OPERATE THIS VEHICLE ON STREETS OR HIGHWAYS FOR THE EXPRESSED PURPOSE OF TESTING AND OR INSPECTION.

INITIALS

**METHOD OF PAYMENT:**

☐ CASH ☐ CHECK ☐ CHARGE

**LABOR:**

☐ HOURLY ☐ FLAT RATE ☐ BOTH

Daily storage fee after repair work has been completed and customer has been notified. No charges shall accrue or be due and payable for a period of 3 working days from date of notification.

$________

GUARANTEED ITEM(S)________

GUARANTEE EFFECTIVE AFTER

TIME ________

MILEAGE ________

| | |
|---|---|
| TOTAL LABOR | 72 00 |
| TOTAL PARTS | 213 98 |
| ACCESSORIES | |
| GAS, OIL & GREASE | |
| OUTSIDE REPAIRS | |
| | 285 98 |
| TAX | 18 59 |
| TOTAL AMOUNT | 304 57 |

# ODOMETER DISCLOSURE STATEMENT

## TOM ENDICOTT BUICK & ISUZU

1345 South Federal Highway Phone (954) 781-7700
POMPANO BEACH, FLORIDA 33062

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, TOM ENDICOTT BUICK, INC (TRANSFEROR'S NAME - PRINT) state that the odometer now reads 00004 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ (2) I hereby certify that the odometer reading is **NOT** the actual mileage.
WARNING — ODOMETER DISCREPANCY.

MAKE: BUICK

MODEL: CENTURY BODY TYPE: SEDAN

VEHICLE IDENTIFICATION NUMBER: 2G4WS52J0Y1[redacted]

YEAR: 2000

TRANSFEROR'S NAME: TOM ENDICOTT BUICK, INC (PRINTED NAME)

TRANSFEROR'S ADDRESS: 1345 S. FEDERAL HIGHWAY (STREET)
POMPANO BEACH, FL (CITY) (STATE) 33062 (ZIP CODE)

TRANSFEROR'S NAME X ________ (SIGNATURE)

DATE OF STATEMENT: 19 OCT 2000

TRANSFEREE'S NAME: [redacted]

TRANSFEREE'S ADDRESS: (STREET)
CORAL SPRINGS FL [redacted] (CITY) (STATE) (ZIP CODE)

TRANSFEREE'S NAME X ________ (SIGNATURE)

________ (PRINTED NAME)

SAL 120

[redacted]
Boynton Beach, Fl. [redacted]

WEST PALM BCH FL 334
11 MAR 2016 PM 4 L

FOREVER
FOREVER

U.S. Dept. of Transportation
Nat'l. Hwy. Traffic Safety Admin.
1200 New Jersey Ave. S.E., West Bldg.
Washington, D.C. 20590
Attn: Mark Rosekind, Admin.

20590