



## FUNDING CHECK LIST

Dealer Name: \_\_\_\_\_

Borrower(s) Name(s): \_\_\_\_\_

### **Documents Provided by ROAD:**

- Assignment of Retail Installment Contract and Guarantee of Title
- Addendum to Installment Contract
- Ancillary Product Checklist
- Agreement to Provide Insurance
- Notice to Co-Borrower (if applicable)
- Authorization Agreement for Electronic Reminders and Alerts (optional)
- Agreement for Installation of GPS System and Disclosure Statement to Customer (if applicable)
- Credit/Debit Authorization Form (if customer wants auto-draft)
- Employment Verification Form (unless POE has been waived)
- Reference Sheet (unless References have been waived)
- GAP Contract
- Warranty Contract (if vehicle is sold as/is, provide as/is form)

### **Documents Provided by Customer:**

- Copy of Driver's License (Must be from state of residence)
- Proof of all income. Must be less than 30 days old. Self-employed applicants must provide previous year's tax return or 3 months bank statements. (unless waived)
- Proof of residence for borrower and co-borrower. Must be utility bill no older than 30 days or copy of valid lease. (unless waived)
- Insurance Declaration Page (Max deductible \$500 for comp and collision) ACCC Insurance not accepted

### **Documents Provided by Dealer:**

- Approval sheet from Dealertrack or Route One
- Properly completed and signed Retail Installment Contract
- Byers Order, signed by customer and dealer
- Used car book-out sheet (showing NADA clean trade value)
- Odometer Disclosure Statement
- Signed Dealertrack/Route One application
- Copy of Title Application showing ROAD Auto Finance as lien
- Copy of down payment receipt (down payment MUST be paid in full prior to funding)
- Right to Inspect (we reserve the right to inspect vehicle prior to funding)

I have read and reviewed the contract package and verified that the items required by this checklist are present and properly completed and executed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please note by submitting your deal without ALL of the stipulations listed above will delay funding time or may result in the deal being returned to you until you can obtain ALL of the required stipulations. Our goal is to fund your deal in the shortest amount of time possible.**



**ASSIGNMENT OF RETAIL INSTALLMENT CONTRACT**  
**AND**  
**GUARANTEE OF TITLE**

**Date of Retail Installment Contract:** \_\_\_\_\_  
**Dealer/Seller:** \_\_\_\_\_  
**Borrower/Buyer Name(s):** \_\_\_\_\_  
**Vehicle VIN:** \_\_\_\_\_  
**Year/Make:** \_\_\_\_\_  
**Model:** \_\_\_\_\_

This Assignment is attached to and expressly made a part of that certain Motor Vehicle Retail Installment Contract ("Contract") dated \_\_\_\_\_ by and between Seller and Buyer(s):

I \_\_\_\_\_, an authorized signatory of (name of dealer)  
\_\_\_\_\_ ("Dealer") confirm that Dealer:

- 1) Has originated the Contract as described above;
- 2) Is the legal owner of the vehicle described in the Contract;
- 3) Has paid all required taxes; and
- 4) IN CONSIDERATION OF PAYMENT OF THE FINANCED AMOUNT BY ROAD AUTO FINANCE, does hereby sell, assign, transfer and set over unto ROAD AUTO FINANCE all rights, title and interest in and to the Contract and the vehicle described therein. All representations, warranties, indemnifications, guaranties, and hold harmless provisions made by Seller in the Contract, and in all other terms of the assignment contained therein, are hereby made in favor of ROAD AUTO FINANCE. This assignment shall not be deemed to relieve Seller from any liability contained herein, in the Contract, or in the Master Dealer Agreement between ROAD AUTO FINANCE and Dealer.
- 5) Dealer further agrees, undertakes and acknowledges that it is Dealer's responsibility to and GUARANTEE to deliver the original, proper, and true and correct State Vehicle Certificate of Registration ("Title") to the vehicle described in the Contract to ROAD AUTO FINANCE free of any lien, hypothecation or encumbrance. All required Registration work on the above referenced vehicle will be properly and duty executed reflecting **ROAD AUTO FINANCE**, at **7014 Abercorn Street, Savannah, Georgia 31406**, as the first and primary lien holder. If ROAD AUTO FINANCE does not receive said Title within 30 days from the Contract date, naming ROAD AUTO FINANCE, as the first and primary lien holder, then Dealer will immediately repurchase the Contract without setoff or counterclaim, for the total and entire amount of the unpaid balance owed under the Contract upon demand.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



## ADDENDUM TO INSTALLMENT CONTRACT

I/We, \_\_\_\_\_, acknowledge, agree to, understand and authorize the following as they relate to the automobile sales financing contract signed by me on \_\_\_\_\_. I/We financed and purchased the \_\_\_\_\_ (the "Vehicle") with \_\_\_\_\_ miles from \_\_\_\_\_ who intends to assign the entire agreement to ROAD AUTO FINANCE ("ROAD").

**IMPORTANT! The papers you are signing as part of this motor vehicle sale are legal documents. READ THEM CAREFULLY BEFORE SIGNING.**

1. I/We have thoroughly inspected or been provided the opportunity to thoroughly inspect the Vehicle and am fully satisfied with the Vehicle and the sales price. I/We noted that the sales price is not more than the originally quoted sales price. I/We understand that the dealer intends to assign the entire financing agreement to ROAD. Upon such assignment all payments are to be made to ROAD.
2. It is my/our responsibility to make sure the Vehicle is kept in good running order. I/We will keep the Vehicle free of all liens, as is noted on the reverse side of my contract, except those in favor of ROAD. I/We understand that failure to do so is breach of contract and in such a case, ROAD may require me/us to pay off any such lien or may repossess the Vehicle.
3. I/We agree to make the FIRST PAYMENT no later than five (5) days past my due date. If that payment is not made on time, my/our account may be considered in default, transferred to repossession status and the entire balance will be due and payable immediately.
4. ROAD or its authorized agent may contact my/our employer(s) for the purpose of confirming my/our employment status or location, in the event I/we default on the above-mentioned contract signed by me/us. Upon separation, I/we authorize my/our forwarding address(es) be given to ROAD.
5. I/We agree to maintain comprehensive and collision insurance with a maximum deductible of \$500.00. I/We agree to have the policy endorsed with lien holder in favor of ROAD. If I/we fail to maintain comprehensive and collision insurance with the required deductible, I/we understand ROAD or its representative has the option to repossess the Vehicle at my/our cost. I/We understand that the contract I/we signed does not include liability insurance.
6. I/We agree, as a repercussion for presenting an insufficient fund check the Vehicle may be repossessed.
7. I/We agree to notify ROAD of any change in physical address. I/We also agree to notify ROAD of any change in employment. Notification will be given to ROAD within three business days of any such change. I/We understand that failure to do so will constitute a breach of the attached Contract, and ROAD is authorized to take possession of the above referenced vehicle at that time.

Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_



ANCILLARY PRODUCT CHECKLIST

DEALER NAME \_\_\_\_\_

BORROWER(S) NAME(S) \_\_\_\_\_

Initial each product purchased:

**Products offered by ROAD Auto Finance:**

\_\_\_ GAP INSURANCE

\_\_\_ Service Contract (Warranty)

**Products offered by Dealer (Please List):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been fully informed about the details of each initialed product to my satisfaction, and have thereafter voluntarily purchased each initialed product.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## AGREEMENT TO PROVIDE INSURANCE

I/We understand that my/our retail installment contract requires my/our car to be continuously covered by insurance against the risk of fire, theft, and collision. I/We agree to maintain such insurance in an amount equal to the lesser of the unpaid amount under the contract or the value of the vehicle. Failure to maintain insurance gives ROAD AUTO FINANCE the right to declare the entire unpaid balance immediately due and payable or obtain the insurance at my expense. I/We have arranged for the insurance through the agent or company as shown below. ROAD AUTO FINANCE will be the loss payee of the policy to the extent of its interest. I/We further understand my/our maximum deductible will be \$500.

Loss Payee: **ROAD AUTO FINANCE**  
**7014 Abercorn Street**  
**Savannah, GA 31406**

Borrower Information:

Name(s):
Address:
Phone:

Vehicle Information

Year, Make, Model:
VIN:

Insurance Information

Agent Name:
Tel. No.:
Address
Company Name:
Policy Number:
Effective Dates:
Comprehensive Deductibles
Collision Deductibles:

Borrower's Signature: \_\_\_\_\_

Co-Borrower's Signature: \_\_\_\_\_



7014 Abercorn Street  
Savannah, GA 31406

### NOTICE TO CO-BORROWER

**You are being asked to guarantee this debt. Please carefully consider this decision before signing. If the Borrower doesn't pay the debt, you will be required to assume this financial obligation. Be sure you can afford to pay if you have to, and that you want to accept this responsibility.**

You may have to pay up to the full amount of this debt if the Borrower does not pay. You may also have to pay late fees or collection costs, which increase the debt amount.

The creditor can collect this debt from you without first trying to collect from the Borrower. The creditor, ROAD Auto Finance, or its successor or assignee, can use the same collection methods against you that can be used against the Borrower, such as suing you, garnishing your wages, etc. If this debt is ever in default, that fact may become part of your credit record.

THIS NOTICE IS NOT THE CONTRACT THAT MAKES YOU LIABLE FOR THE DEBT

I hereby acknowledge receipt of the above Notice to Co-Borrower.

Date: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_



**AUTHORIZATION AGREEMENT FOR ELECTRONIC REMINDERS AND ALERTS**

ROAD Auto Finance offers electronic reminders for payment via text message and payment verification via email. To take advantage of this offer, please fill out the information below.

Borrower Name: \_\_\_\_\_

Cell Number (Including Area Code): \_\_\_\_\_

Service Provider (Verizon, ATT, etc.): \_\_\_\_\_

Email Address: \_\_\_\_\_

By signing below, I understand that text messaging rates & fees may apply as determined by my cellular provider. Furthermore, ROAD Auto Finance is in no way responsible for any fees charged to me by my cellular provider.

Authorized Signer: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

AGREEMENT FOR INSTALLATION OF GPS SYSTEM AND

**DISCLOSURE STATEMENT TO CUSTOMER**

PLEASE READ THIS ENTIRE AGREEMENT AND DISCLOSURE

This Agreement and Disclosure is entered into on this \_\_\_\_\_ day of, \_\_\_\_\_ between \_\_\_\_\_ (“Borrower(s)”) and \_\_\_\_\_ ROAD Auto Finance (“Lender”) pursuant to their execution of a retail installment contract (“Contract”) covering Borrower’s purchase of a \_\_\_\_\_ (the “Vehicle”). This Agreement and Disclosure, when signed below by the Borrower and Dealer, is incorporated into and becomes part of the Contract. The Vehicle comes with an installed GPS System (“System”) which allows for location of the Vehicle and which can be used to prevent the Vehicle from restarting at the end of a grace period if a scheduled payment, including any applicable late charges, NSF fees, and/or administrative costs, is not received; or, if the system is altered in any way, tampered with, or disconnected. The Lender requires the installation of the System. The Borrower is in no way entitled to rely on System for any purpose including, by way of example and not by way of limitation, recovery of a stolen vehicle. By signing this document Borrower agrees to the System’s installation and to its use until all of Borrower’s obligations under the Contract are satisfied. When the Contract is satisfied, the System will be removed at no cost to the Borrower. If the Contract is assigned, the holder of the Contract will have all the rights of the Lender under the Contract.

Please read and initial each of the following statements:

- I/We understand, agree, and consent that the System has been installed in the Vehicle; that I chose to purchase the Vehicle from this Dealer, and that I was free to choose to purchase or lease a Vehicle from another source, which may not have required installation of the system. \_\_\_\_\_
  
- I/We understand and agree that the System belongs to the Lender. \_\_\_\_\_
  
- I/We understand and agree that if a scheduled payment is not received by the Lender THE VEHICLE’S STARTER MAY BE DISABLED AND WILL NOT RESTART until the payment, including any applicable late charges, NSF fees, and/or administrative costs, is received. \_\_\_\_\_
  
- I/We understand and agree that if I/we do not make a scheduled payment, if I/we default on any of my other contractual obligations or I/we tamper with, alter, disconnect or remove the System in the Vehicle the Lender may REPOSSESS THE VEHICLE in accordance with state law and the terms of my Contract. \_\_\_\_\_
  
- I/We understand and agree that the installation and maintenance of the System in the Vehicle is a material condition for the Lender to finance the purchase of the Vehicle, and as such constitutes consideration for the terms of the Contract. I/We hereby agree to hold harmless, defend and indemnify the Lender, Payment Protection Systems Inc., On Trakk, Inc., provider of the System, their agents, employees, and servants, and each of them, from all claims, demands, causes of action, damages, costs, liabilities of losses, in law or equity, to property or person suffered or sustained by any other person or entity arising out of or resulting from the intended use of termination of the System in the Vehicle. \_\_\_\_\_



- I/We understand that the System is installed on the Vehicle strictly for the use of the Lender and that in the event the System is activated and the Vehicle will not start due to my nonpayment of amounts when due pursuant to the terms of the Contract, that I/we cannot hold Lender, its employees, agents, servants, and representatives responsible in any manner for any loss, liability, or damage that I/we sustain as a result.

BY SIGNING BELOW, I/we acknowledge that I/we have been warned to not sign this document before I/we read it. I/We understand that I/we am/are entitled to receive a copy of this document. By signing below I/we acknowledge reading and receiving a copy of this document.

I/WE ACKNOWLEDGE THAT I/WE HAVE HAD THE OPPORTUNITY TO ASK, AND HAVE ASKED, DEALER AND/OR ITS EMPLOYEES, AGENTS, SERVANTS, AND REPRESENTATIVES ALL OF MY/OUR QUESTIONS CONCERNING THE INSTALLATION AND OPERATION OF THE SYSTEM AND THAT MY/OUR QUESTIONS HAVE ALL BEEN ANSWERED BEFORE SIGNING THIS DOCUMENT.

\_\_\_\_\_  
Borrower Signature                      Date

\_\_\_\_\_  
Co-Borrower Signature                      Date

\_\_\_\_\_  
Name of Dealer

By: \_\_\_\_\_  
Authorized Signature                      Date

# CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize **ROAD AUTO FINANCE** (*The Company*) to initiate a (*select one*-CHARGE \_\_\_ or CREDIT \_\_\_) entry to my (our) checking/savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Location (City, State)

Financial Institution's Routing Transit Number  
(Look between symbols " | : |:" on your check)

-----

\_\_\_\_\_  
Borrower/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower/ Employee Name (Please Print)

Checking Account # \_\_\_\_\_

If your account is to be charged, you may  
select a "Set Amount"

\$ \_\_\_\_\_

Or

"Maximum Amount"

\$ \_\_\_\_\_

Savings Account # \_\_\_\_\_

**Please Attach a Copy of a Voided Check**

# Employment Verification Form

ROAD Auto Finance 7014 Abercorn St. Savannah GA 31406

Date: \_\_\_\_\_  
To: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Attn.: Employment verification Fax: \_\_\_\_\_  
From: Tate Slaughter Telephone: 912-234-8066  
Fax: 912-234-9299  
Number of pages sent, including cover sheet: \_\_\_\_\_

RE: Verification of employment

Please provide the following information regarding \_\_\_\_\_, s/s# \*\*\*-\*\*-\_\_\_\_.

Current date: \_\_\_\_\_ Date employed: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Full or part time: \_\_\_\_\_

Company employed with: \_\_\_\_\_

Is continued employment expected: \_\_\_\_\_

If no longer employed with your company, last date of employment: \_\_\_\_\_

Thank you for your assistance

Sincerely,

James T. Slaughter, Jr.  
Manager

I expressly authorize Road Auto Finance to verify and obtain such information from my employer or any other person or source as may be desired in connection with representations made in this application for credit and further authorize each source to provide Road Auto Finance with such information as may be requested. I agree that this application for credit shall remain the property of Road Auto Finance whether or not any loan is granted.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

If you do not receive all pages, please call as soon as possible, 912-234-8066

The information contained in this facsimile transmission is intended only for the use of the individual or entity to which it is addressed. It may contain privileged, confidential or protected information. If you received in error, you are on notice of its status. Please notify us immediately by telephone and return all pages to the address shown above. Please do not copy it or use it for any purposes, or disclose its contents to any other person. To do so could violate state and Federal privacy laws. Thank you for your cooperation. Please contact the sender if you need assistance.

# REFERENCE SHEET

## REQUIREMENTS

6 References must not live with the buyer or any other reference

3 of the references must be relatives

1) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

4) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

5) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

6) Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Relationship \_\_\_\_\_

## Landlord Information

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Information obtained on this form may be used for verification or for the purpose of collecting a debt.

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_