



Confidence *down the road.* Vehicle Service Agreement APPLICATION

S1034788

APPLICANT INFORMATION

Purchaser Name [REDACTED]	Home Phone # [REDACTED]	Business # or E-mail
Address [REDACTED]	City State Zip [REDACTED]	
Seller [REDACTED]	Phone # [REDACTED]	Alternate #
Address [REDACTED]	City State Zip [REDACTED]	

VEHICLE INFORMATION

Year 2005	Make Mercedes Benz	Model E55	VIN [REDACTED]
Vehicle Sales Price [REDACTED]	Current Odometer Reading 40,800		

SERVICE AGREEMENT INFORMATION

Sale/Effective Date 8/19/2011	Agreement Price \$2,145.00	Applicable Sales Tax	Coverage Platinum	Deductible \$50
TERM MONTHS 48	TERM MILES 50,000	EXPIRATION DATE 8/19/2015	EXPIRATION MILEAGE 90,800	

APPLICANT'S ACKNOWLEDGEMENT

I hereby apply for the issuance of a service agreement covering the vehicle identified above. I understand that a confirmation letter and convenience card will be forthcoming, upon acceptance of the application, by the Administrator. I understand that the service agreement application may be rejected by the Administrator for any reason. I further understand that the vehicle is for personal use (NOT COMMERCIAL USE unless the Commercial Coverage option is selected) and that any vehicle which is modified or altered from the original manufacturer's specification prior to sale, at time of sale, or at any time during the term of this agreement is not eligible for coverage. I understand that coverages under this agreement will overlap the Manufacturer's Warranty coverages on new vehicles and may overlap on some used vehicles. Purchase of a service agreement is not required to lease, purchase, or obtain financing for a motor vehicle. SPECIAL STATE REQUIREMENTS SUPER CEDE ANY AND ALL APPLICABLE PORTIONS OF THE APPLICANT'S ACKNOWLEDGEMENT SECTION OF THIS APPLICATION.

My signature means that I have reviewed and understand the time and mileage limitations, coverages, maintenance required and the claim procedures. I have also reviewed the options that are available and my initials indicate that I wish to purchase these options at this time. Omission of my initials indicates that no options will be purchased. I UNDERSTAND THAT THE AGREEMENT WILL BE BETWEEN THE OBLIGOR (NATIONAL AUTO CARE) AND APPLICANT. IF I DO NOT RECEIVE A NOTICE OF CONFIRMATION OR INELIGIBILITY WITHIN 60 DAYS I WILL CONTACT THE ADMINISTRATOR (1-800-548-1875).

Applicant Signature: [REDACTED]	Date 8/19/11
Lender: [REDACTED]	Service Agreement Lender: [REDACTED]