

MAINTENANCE PLAN APPLICATION, TERMS & CONDITIONS NEW AND USED VEHICLES



FORD PROTECT

REGISTRATION INFORMATION

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|-----------------|---|---------------------|---|---|---|---|---|------------|--|------------|--|
| Vehicle Identification Number ("VIN") (17 Digits) | | | | | | | | | | Signature Date | | Warranty Start Date | | <input checked="" type="checkbox"/> Gas/Hybrid <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> CPO <input type="checkbox"/> Incomplete <input type="checkbox"/> Medium Duty | | | | | | | |
| 1 | F | T | 7 | W | 2 | B | 6 | 8 | G | E | C | 2 | 5 | | 1 | 1 | 3 | 05/04/2016 | | 03/25/2016 | |
| Internet Safe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | Current Mileage | | | | | | | | | | | |
| Surcharges <input type="checkbox"/> 12 Month/12,000 Miles (PMP Only - Not applicable for CPO) <input type="checkbox"/> Snow Plow (PMP Only - Not applicable for PMP E, PMP L, PMP BL or CPO) <input checked="" type="checkbox"/> Specialty - Emergency (fire, ambulance, all police, limo, livery, shuttle, tow trucks - (Gas/Hybrid, Diesel and Lincoln Premium Maintenance Plans Only) | | | | | | | | | | 56 | | | | | | | | | | | |

PREMIUM MAINTENANCE PLANS : Gas/Hybrid, Electric, Diesel, Lincoln, Black Label, Incomplete (Cab/Chassis), Medium Duty, CPO - (Standard \$0 Deductible)

LIMITED, BASIC AND ENGINE MAINTENANCE PLANS : Gas/Hybrid and Diesel- (Standard \$0 Deductible)

For Premium Maintenance Plans (PMP) coverage **BEGINS** at the New Vehicle Limited Warranty Start Date and Zero Miles. Coverage **ENDS** at **THE EARLIER OF** the Number of Years Purchased, the Number of Miles Purchased or upon completion of the Maximum Number of Service Intervals Purchased from the New Vehicle Limited Warranty Start Date or Zero Miles.

For LIMITED, BASIC AND ENGINE Maintenance Plans coverage **BEGINS** at the Signature Date and Current Mileage. Coverage **ENDS** at **THE EARLIER OF** the Number of Years Purchased, the Number of Miles Purchased or upon completion of the Maximum Number of Service Intervals Purchased from the Signature Date or Current Mileage.

PLAN COVERAGE

| Plan Name | Plan Term Months | Plan Term Mileage | Plan Expiration (Earlier of) Date | Plan Expiration (Earlier of) Mileage | Purchase Price | Sales Tax | Total Purchase Price with Sales Tax |
|----------------------------------|---------------------|---|--------------------------------------|---|----------------|--|--|
| Premium Maintenance | 60 | 125000 | 03/25/2021 | 125000 | \$ 3,135.00 | \$ 269.61 | \$ 3,404.61 |
| Premium Maintenance Plan Options | | <input type="checkbox"/> First Day Rental (Not available on Incomplete or Medium Duty Plans) | | Maintenance Plan Options | | <input type="checkbox"/> Full Synthetic Oil (Not available on Lincoln, Black Label, Electric, CP Incomplete Plans and Medium Duty) | |
| Service Intervals | | <input type="checkbox"/> 3,000* <input checked="" type="checkbox"/> 5,000 <input type="checkbox"/> 7,500 <input type="checkbox"/> 10,000* | | Service visits | | 25 | |
| *Not available on PMP Plans. | | *only service interval available for PMP Electric | | | | | |

DISCLOSURE INFORMATION

NOTE: THE PURCHASE OF THIS MAINTENANCE PLAN IS NOT REQUIRED IN ORDER TO PURCHASE, OR OBTAIN FINANCING FOR A MOTOR VEHICLE.

I acknowledge receipt of a complete copy of this Maintenance Plan (the Application, Terms and Conditions constitute the "Entire Maintenance Plan") at the time of signing and agree to all the terms and conditions. I agree to maintain the covered vehicle in accordance with the manufacturer's stated periodic maintenance recommendations as a condition of receiving coverage under this Maintenance Plan except as otherwise provided by law.

MAINTENANCE PLAN/PURCHASER

| | | | | | |
|---|-------|-----------------|----------------|----------------------------------|--|
| Signature (Not Valid without Signature) | | | | Signature Date | |
| | | | | 05/04/2016 | |
| Name | | Address | | | |
| KITITAS COUNTY SHERIFF'S OFFICE | | 307 UMPTANUM RD | | | |
| City | State | Zip Code | E-mail Address | Maintenance Plan Lienholder Name | |
| ELLENSBURG | WA | 98926 | | | |

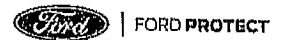
DEALERSHIP INFORMATION

| | | | |
|-------------------------|--------------|---|--|
| Dealership Signature | | FOR OFFICE USE ONLY RECEIVED MAY 11 2016 | |
| Dealer Name | | | |
| Corwin Ford Tri-Cities | | | |
| Address 1 | Address 2 | | |
| 1225 North Autoplex Way | | | |
| City | State | | |
| Pasco | WA | | |
| Zip Code | Telephone No | | |
| 99301 | | | |
| Employee Stars Id | P&A Code | | |
| | 0 6 4 6 7 | | |

NATIONAL VEHICLE SERVICE CONTRACT

APPLICATION, TERMS & CONDITIONS

(All Vehicles up to and including Transit and F 550 series)



REGISTRATION INFORMATION

| | | | | | | | | | | | | | | |
|--|--|-----------------------|--|----------------|--|---------------------------------|--|----------------------------------|--|------------------------------|--|-----------------------------------|--|---|
| Vehicle Identification Number 1 F T 7 W 2 B 6 8 G E C 2 5 1 1 3 | | | | | | | | | | Signature Date 05/04/2016 | | Warranty Start Date 03/25/2016 | | <input type="checkbox"/> CPO <input type="checkbox"/> Incomplete (Cab/Chassis) <input type="checkbox"/> Limo/Livery Wrap <input type="checkbox"/> Component Wrap (Non-CPO) |
| Internet Sale <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Current Mileage 56 | | Current Hours* | | IPP <input type="checkbox"/> | | Term <input type="checkbox"/> | | | | | | |
| Surcharges : <input type="checkbox"/> 12 Months/12,000 Miles <input type="checkbox"/> Turbocharger/Supercharger <input type="checkbox"/> Snowplow <input checked="" type="checkbox"/> Commercial Use <input type="checkbox"/> Specialty - Emergency (Fire, Ambulance, Police pursuit units - except Ford police Interceptor), Limo, Livery, Shuttle, Tow Truck) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

New Plan Coverage: Core - PowertrainCARE, BaseCARE, ExtraCARE, PremiumCARE (Standard Deductible is \$100)
 LeaseCARE - New PremiumCARE with Wear Items on Ford and Lincoln vehicles - (Standard Deductible is \$0)
 Rental Care - (RentalCARE- Standard Deductible is \$0)
 Super Duty Coverages - (Diesel EngineCARE, Diesel EngineCARE Plus - Standard Deductible is \$100)
Used Plan Coverage: Core (PowertrainCARE, BaseCARE, ExtraCARE, PremiumCARE - Standard Deductible is \$100)

PLAN COVERAGE

☒ New Plan ☐ Used Plan

| Plan Name A | Deductible | Plan Term | | | Plan Expiration - (Earliest of all 3) | | | Purchase Price | Sales Tax | Total Purchase Price with SalesTax |
|--|------------|-----------|---------|--------|---------------------------------------|---------|--------|----------------|-------------|------------------------------------|
| | | Months | Mileage | Hours* | Date | Mileage | Hours* | | | |
| PremiumCARE | \$100 | 60 | 125,000 | | 03/25/2021 | 125,000 | | \$ 3,540.00 | \$ 304.44 | \$ 3,844.44 |
| Options <input type="checkbox"/> First Day Rental Delete <input type="checkbox"/> Enhanced Rental <input type="checkbox"/> Interior/Exterior Lighting Delete | | | | | | | | | | |
| Plan Name B | Deductible | Plan Term | | | Plan Expiration - (Earliest of all 3) | | | Purchase Price | Sales Tax | Total Purchase Price with SalesTax |
| | | Months | Mileage | Hours* | Date | Mileage | Hours* | | | |
| | | | | | | | | \$ | \$ | \$ |
| Options <input type="checkbox"/> First Day Rental Delete <input type="checkbox"/> Enhanced Rental <input type="checkbox"/> Interior/Exterior Lighting Delete | | | | | | | | | | |
| *Super Duty Coverages and Incomplete Vehicle Plan Coverages require Current Hours and Expiration Hours for all vehicles with an hour meter. | | | | | | | | Total | \$ 3,540.00 | \$ 304.44 |
| | | | | | | | | | \$ 3,844.44 | |

DISCLOSURE INFORMATION

THE PURCHASE OF THIS AGREEMENT IS NOT REQUIRED IN ORDER TO PURCHASE, OR OBTAIN FINANCING FOR A MOTOR VEHICLE. YOU MAY PURCHASE THE SERVICE CONTRACT BY CASH OR UNSECURED CREDIT CARD. IF YOU ELECT TO PURCHASE THIS AGREEMENT, IT GIVES YOU SPECIFIC LEGAL RIGHTS, WHICH MAY VARY FROM STATE TO STATE.

I acknowledge receipt of a complete copy of this Application and the Terms and Conditions (the "Entire Agreement") at the time of signing and agree to all the terms and conditions. I agree to maintain the covered vehicle in accordance with the manufacturer's stated periodic maintenance recommendations as a condition of receiving coverage under this Agreement, except as otherwise provided by law.

Mississippi Residents Only: By signing below, I agree to the binding arbitration language in the Mississippi Section.

Washington Residents Only: By initialing this box, I acknowledge I have reviewed with Dealer the section of this Service Contract titled, What This Agreement Covers and What is Not Covered, Your Responsibilities for Care of the Vehicle, Implied Warranty of Merchantability and Your and Our Rights to Cancel Agreement.

Signature (not valid without Signature)

SERVICE CONTRACT HOLDER / PURCHASER

| | | | | | |
|---|-------------|-------------------|----------------------------|------------------------------|----------------------------------|
| Signature (Not Valid without Signature) | | | | Signature Date 05/04/2016 | |
| Name KITITAS COUNTY SHERIFF'S OFFICE | | | Address 307 UMPTANUM RD | | |
| City ELLENSBURG | State WA | Zip Code 98926 | E-mail Address | | Service Contract Lienholder Name |

DEALERSHIP INFORMATION

| | | | | | |
|--|--|--|-----------------------|--|--|
| Dealership Signature | | | | | |
| Dealer Name Corwin Ford Tri-Cities | | | | | |
| Address 1 1225 North Autoplex Way | | | Address 2 | | |
| City Pasco | | | State WA | | |
| Zip Code 99301 | | | Telephone No | | |
| Employee Stars Id <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | P&A Code 0 6 4 6 7 | | |

FOR OFFICE USE ONLY

RECEIVED

MAY 11 2016

KITITAS COUNTY SHERIFF
ACCOUNTING