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Doc#: 1213950017 Fee: \$48.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/18/2012 01:02 PM Pg: 1 of 6

RETAIL *INSTALLMENT CONTRACT*

Property of Cook County Clerk's Office

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RETAIL INSTALLMENT CONTRACT
CONSUMER CREDIT SALE

Contract Number: 2034
Date of Contract: Oct 05, 2006

ALL RIGHTS RESERVED
2000 W. FRONTAGE RD., GLENCOE, IL 60022
WITHOUT PREJUDICE

K M X 2 0 0 5 4 5

Buyer: JOHN MORO, 2140 SUNSET RIDGE RD, GLENVIEW, IL 60025

Co-Buyer: Name Address Zip Code

Table with 5 columns: ANNUAL PERCENTAGE RATE (7.45%), FINANCE CHARGE (\$2,289.07), Amount Financed (\$11,089.93), Total of Payments (\$13,359.00), Total Sale Price (\$23,359.00)

Your Payment Schedule will be: Number of Payments (60), Amount of Payments (\$222.66), When Payments are Due (Monthly, beginning Nov 19, 2006)

Security: You are giving a security interest in the motor vehicle... Late Charge: If a payment, or any portion thereof, is not made within 10 days after its scheduled due date... Prepayment: if you pay off the full amount owed under this Contract...

OBLIGATION OF THE UNITED STATES NON-NEGOTIABLE

Description of Vehicle You Are Purchasing (the "Vehicle"): 2006 CHEVROLET... Year Make Model Vehicle Identification Number

Description of Vehicle You Sold to Creditor as a "Trade-in": Year Make Model Vehicle Identification Number

PROMISE TO PAY: You agree to pay the Amount Financed shown above... SECURITY AGREEMENT: As collateral for this Contract (to protect Creditor if you do not pay), you give Creditor a security interest in the Vehicle you are purchasing...

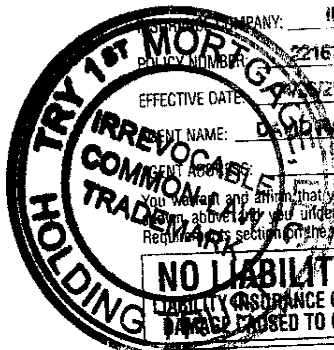
PROPERTY INSURANCE: YOU ARE REQUIRED TO OBTAIN AND MAINTAIN INSURANCE ON THE COLLATERAL, ENDORSED TO PROTECT CREDITOR AS LOSS-PAYEE, BUT YOU MAY OBTAIN THE INSURANCE FROM ANY AGENT OR INSURANCE COMPANY YOU CHOOSE.

TITLE HOLDER OF COLLATERAL: CarMax Business Services, LLC
REGISTRANT: JOHN MORO
PHYSICAL DAMAGE DEDUCTIBLES: Comprehensive \$ 500.00 Collision \$ 500.00

INSURANCE COMPANY: ILLINOIS FARMERS INSURANCE COMPANY
POLICY NUMBER: 2216783377
EFFECTIVE DATE: 12/2005 EXPIRATION DATE:
AGENT NAME: DANNY M. NUSSEN Telephone Number: (773) 834-7634

NO LIABILITY INSURANCE INCLUDED
LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE PASSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT.

ITEMIZATION OF AMOUNT FINANCED
A. CASH PRICE: 1. Cash Price of Vehicle \$23,996.00, 2. Cash Price of Cash and Accessories \$0.00, 3. Dealer Prep \$57.33, 4. Dealer Document Fees \$25.00, 5. Total Cash Sale Price \$24,046.93
B. DOWN PAYMENT: 1. Cash Down Payment \$15,000.00, 2. Manufacturer Retail \$0.00, 3. "Trade-in" Credit: a. Value of "Trade-in" \$0.00, b. Pay-off of "Trade-in" \$0.00, c. Net Value of "Trade-in" \$0.00
4. Total Down Payment [B(1) + B(2) + B(3)(c)] \$15,000.00
C. UNPAID BALANCE OF CASH PRICE [A(6) - B(4)] \$10,946.93
D. AMOUNTS PAID TO OTHERS ON YOUR BEHALF: 1. To Public Officials: a. License, Title and Registration Fees \$143.00, b. Filing Fees \$0.00, c. Other Official Fees N/A \$0.00, 2. To N/A for Extended Service Agreement \$0.00, 3. To N/A for Pay-off of the "Trade-in" where Pay-off exceeds Value of "Trade-in" [B(3)(b) - B(3)(2)] \$0.00, 4. To N/A \$0.00, 5. To N/A \$0.00, 6. To N/A \$0.00, 7. To N/A \$0.00, 8. Total of Amounts Paid to Others on Your Behalf \$143.00
E. MISCELLANEOUS: 1 Other N/A \$0.00
F. AMOUNT FINANCED [C - D(8) - E] \$11,089.93



ACCEPTED FOR VALUABLE CONSIDERATION AND RETURNED FOR VALUE PAY TO THE OFFICE OF THE UNITED STATES TREASURY

VEHICLE RETURN POLICY:

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006-1 711

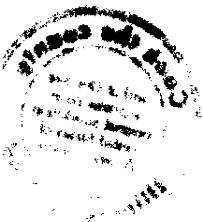
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NOT NEGOTIABLE
LIMITED STATE
REGISTRATION OF THE

ACCEPTED FOR VALUABLE
CONSIDERATION
RETURNED FOR VALUABLE

COOK COUNTY CLERK'S OFFICE



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PROPERTY INSURANCE: YOU ARE REQUIRED TO OBTAIN A POLICY OF INSURANCE ON THE COLLATERAL, ENDORSED TO PROTECT CREDITORS' INTERESTS...

TITLE HOLDER OF COLLATERAL: CarMax Business Services, LLC
REGISTRANT: JOHN MORG
PHYSICAL DAMAGE DEDUCTIBLES: Comprehensive \$ 200 Collision \$ 500
INSURANCE COMPANY: ILLINOIS FARMERS INSURANCE COMPANY
POLICY NUMBER: 2246703377
EFFECTIVE DATE: 04/28/2010 EXPIRATION DATE:
AGENT NAME: DAVID KADLISSEN Telephone Number: 773-950-7650

NO LIABILITY INSURANCE INCLUDED
LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS IS NOT INCLUDED IN THIS CONTRACT.

VEHICLE RETURN POLICY:
You may return the Vehicle to Seller for a refund and rescind this Contract within 5 calendar days of the condition of the Vehicle does not change. This policy only applies to used vehicles.

THE PROVISIONS ON THE REVERSE SIDE ARE PART OF THIS CONTRACT.

FINANCING CONTINGENT ON YOUR REPRESENTATIONS

By signing below you represent and warrant that you have provided accurate and complete disclosures on your credit application. You also represent and warrant that any down payment you have provided by way of an instrument will be honored...

If this Contract is not funded by a third-party finance company or CAF, or if this Contract is reassigned back to Creditor from a third-party finance company or CAF, CarMax may, in its sole discretion, cancel this Contract and/or your Buyer's Order.

In the event CarMax cancels this Contract and/or Buyer's Order, you have the right to return the Vehicle within 24 hours following written or oral notice from CarMax. If you fail to return the Vehicle within 24 hours, you agree that CarMax may, solely at its option, (1) hold you immediately liable for the Balance Due at Settlement, as shown on the front of the Buyer's Order; or (2) cancel the Buyer's Order...

AGREEMENT TO ARBITRATE

IMPORTANT ARBITRATION DISCLOSURES:

- 1. IF EITHER YOU OR WE CHOOSE TO ARBITRATE A DISPUTE, THE DISPUTE WILL BE RESOLVED BY BINDING ARBITRATION.
2. YOU WILL NOT HAVE THE RIGHT TO A JURY TRIAL REGARDING THE DISPUTE.
3. YOU WILL NOT HAVE THE RIGHT TO SEEK CERTAIN REMEDIES IN COURT.
4. YOUR ABILITY TO COMPEL OTHER PARTIES TO PRODUCE DOCUMENTS OR TO BE EXAMINED IS MORE LIMITED THAN IN A LAWSUIT.
5. YOUR RIGHTS TO APPEAL OR CHANGE AN ARBITRATION AWARD IN COURT ARE VERY LIMITED.
6. WE CAN STILL REPOSSESS YOUR VEHICLE IF YOU DO NOT HONOR YOUR CONTRACT AND YOU OR WE MAY USE COURT PROVISIONAL REMEDIES.

You and we and our successors and assignees agree that any claim, dispute or controversy arising between us or by either of us against the other or the employees, agents or assigns of the other from or relating to this Contract or the relationships that result from this Contract (including any such relationship with third parties who do not sign this Contract), shall, at your or our election (or the election of any such third party) be resolved by neutral binding arbitration and not by a court action.

The arbitrator shall be an attorney or a retired judge, shall decide the claim or dispute in accordance with applicable law, and shall award damages or other relief permitted by applicable law. The arbitrator shall prepare a written decision supported by reasoned findings of fact and conclusions of law. If you request arbitration, you agree to pay the initial filing fee up to \$125, and we will pay for the proceeding up to a maximum of eight hours of hearings. If we request arbitration, we will pay for the proceeding up to a maximum of eight hours of hearings.

This arbitration agreement is made pursuant to a transaction involving interstate commerce, and shall be governed by the Federal Arbitration Act, 9 U.S.C. Sections 1-16. Judgment upon the award may be entered in any court having jurisdiction.

I hereby acknowledge that I am signing an arbitration agreement as part of this transaction. I have read the arbitration agreement and agree to be bound by it.

Buyer: [Signature]
Seller: [Signature]
Date: [Date]

Table with 2 columns: Description and Amount. Includes items like Public Officials, License Title and Registration Fees (\$143.00), Filing Fees (\$.00), Total of Amounts Paid to Others on Your Behalf (\$ 143.00), and Amount Financed [C + D(8) - E] (\$ 11,200.00).

DOCUMENTARY FEE: A DOCUMENTARY FEE IS NOT AN OFFICIAL FEE. A DOCUMENTARY FEE IS NOT REQUIRED BY LAW, BUT MAY BE CHARGED TO BUYERS FOR HANDLING DOCUMENTS AND PERFORMING SERVICES RELATED TO CLOSING OF A SALE...

AGREEMENT TO ARBITRATE (continued text from previous block)

NOTICE TO THE BUYER:
1. Do not sign this agreement before you read it or if it contains any blank spaces.
2. You are entitled to an exact copy of the agreement you sign.
3. Under the law you have the right, among others, to pay in advance the full amount due and to obtain under certain conditions a partial refund of the finance charge.

Buyer(s) agree(s) to this Contract, including the terms and conditions on the back. I HAVE RECEIVED A COMPLETED COPY OF THIS RETAIL INSTALLMENT CONTRACT SIGNED BY THE SELLER.
RETAIL INSTALLMENT CONTRACT
Buyer: [Signature] Date: [Date]
Co-Buyer: [Signature] Date: [Date]

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PREPAID

ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE REPLACEMENT PLATES AND STICKERS		UCC 1-308		ALL RIGHTS RESERVED		WITHOUT PREJUDICE	
1. Type of Transaction: <input type="checkbox"/> Title and Transfer <input type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input checked="" type="checkbox"/> Duplicate Title <input checked="" type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		3. Plate Type Issues		4. Exp. Month Year	
5. OWNER INFORMATION		First Last JOHN MORO		First Last		6. Owner 1 DUFEIN # M600-4665-2154 Owner 2 DUFEIN #	
Residence/Business Street Address 1515 GLENVIEW ROAD		City GLENVIEW		STATE IL		ZIP 60025	
7. VEHICLE INFORMATION		Vehicle Identification Number (VIN) 1GCEK19B26Z186834		VIN State		8. Purchase Date 10/05/2006 Month Day Year	
9. Current Odometer Reading (No Tenths) 44000		<input checked="" type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/>		Gross Weight (RV, RT, TRK, BUS, TRLR) NON NEGOTIABLE	
10. Surrender Title Number and State # X6293690426		11. Title Number IL		12. Unit Number		13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)	
14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		Insurer Company Name Agent		Policy Number		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER		17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Name Street Address City State ZIP		Name Street Address City State ZIP		Year Make/Model VIN		Name Address City State ZIP	
19. BENEFICIARY		20. REASON FOR REPLACEMENT PLATES/STICKER		21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
Name Street Address City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requiring a Different Number <input type="checkbox"/> Respacing		State all reasons for corrections or duplication LOST AND REMOVE LIEN		TRP NUMBER \$95.00 Tax Form Number Auditor Comments: LIEN RELEASE ATTACHED	
22. Daytime Phone Number (optional)		23. Signature(s)		25. OFFICE USE ONLY		26. REMITTER/DRIVER SERVICES FACILITY STAMP	
1.		2.		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/>		03/09/2010 VF@TNC	
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.		8501558015		CUSTOMER RECEIPT		Date	
Control #							

ACCEPTED FOR VALUABLE AND RETURNED FOR VALUE

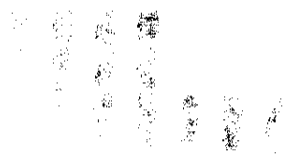
Pay To The Order Of The United States Treasury

COPY

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**For Full Acquittance and
Discharge**

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By: John Nov

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ACCEPTED FOR VAULTAGE
CONSIDERATION
RETURNED FOR VAULTAGE