



PAYOFF AGREEMENT

SELLER INFORMATION

STOCK #:

| | |
|-----------------------------------|--------------------------------------|
| Seller: _____ | Co-Seller: _____ |
| Seller's Social Security #: _____ | Co-Seller's Social Security #: _____ |
| Seller's DOB: _____ | Co-Seller's DOB: _____ |
| Phone Number: _____ | Verified By AUTOBUY Agent: _____ |

VEHICLE INFORMATION

Vehicle Identification #: _____

Year: _____ Make: _____ Model: _____ Miles: _____ Color: _____

LIENHOLDER INFORMATION

REMINDER CANCEL YOUR AUTOMATIC WITHDRAW

| | | | | | |
|--|---|--|---------------------------------|------------------------------|--------------------------------|
| Lienholder Name: _____ | Phone: _____ | | | | |
| Account #: _____ | Lienholder Agent: _____ | | | | |
| Fax: _____ | Email: _____ | | | | |
| Payoff Amount: \$ _____ | Good Date: _____ | Initials: _____ | Per Diem: \$ _____ | | |
| Faxed Copy of Payoff Quote: <input type="checkbox"/> | Dealer Track Payoff: <input type="checkbox"/> | | | | |
| Date of last payment by registered owner: _____ Amount \$ _____ Grace Period: _____ Late Fee: \$ _____ | | | | | |
| How was payment made: | <input type="checkbox"/> Check | <input type="checkbox"/> Auto Withdraw | <input type="checkbox"/> Online | <input type="checkbox"/> ACH | <input type="checkbox"/> Other |
| Payoff Overnight Address: | | | | | |
| City: _____ | | State: _____ | | Zip Code: _____ | |

Purchase Price

Customer Equity

Amount Due By Customer

\$

\$

\$

TERMS OF AGREEMENT

THIS PAYOFF REQUEST FORM IS TO CERTIFY THAT AUTOBUY (PURCHASER) WILL PAYOFF \$ _____ IN FULL TO THE LIEN HOLDER LISTED ABOVE. THE VEHICLE LISTED ABOVE WILL BE PAID IN FULL ON OR BEFORE THE DATE PROVIDED BY THE LIEN HOLDER. UPON RECEIVING EQUITY FUNDS CUSTOMER AGREES TO RELEASE VEHICLE TO AUTOBUY IMMEDIATELY. IF FUNDS ARE REQUESTED BY CUSTOMER TO COVER DIFFERENCE OF THE PAYOFF AND PURCHASE, CUSTOMER AGREES TO COVER DIFFERENCE BY CASH OR CASHIERS CHECK. IN THE EVENT THAT A PERSONAL OR BUSINESS CHECK IS USED TO COVER NEGATIVE EQUITY THE PAYOFF AMOUNT WILL NOT BE PAID UNTIL THE FUNDS HAVE CLEARED. IN THE EVENT, IF PAYMENT TO LIEN HOLDER OF THE LAST PAYMENT IS RETURNED DUE TO NSF OR CLOSED ACCOUNT, SELLER WILL BE RESPONSIBLE TO MAKE AMOUNT GOOD WITH CASH OR CASHIERS CHECK WITH IN 24 HRS. OF NOTICE OR PROSECUTION FOR WORTHLESS CHECK.

Seller's Signature: _____

AUTOBUY'S Signature: _____

Co-Seller's Signature: _____

Date: _____

CORPORATE OFFICE

1500 BELVEDERE ROAD WEST PALM BEACH, FL 33406 (561)797-2400 WWW.WEPAYTHEMAX.COM