



OFFICE: SPECIAL PLATES
STICKER NO:
PLATE NO: 826022
DOCUMENT NO: 29124037333100914

DATE: 03/20/2002
TIME: 10:09AM
EMPLOYEE ID: D520316

EFFECTIVE DATE: 03/20/2002
EXPIRATION DATE:
TRANSACTION ID: 29124037333100914

OWNER NAME AND ADDRESS
WEBB COUNTY
1110 VICTORIA STE 501
LAREDO, TX 78040

Auxiliary Vehicle

REGISTRATION CLASS: EXEMPT
PLATE TYPE: EXEMPT DOUBLE PLT
STICKER TYPE:

VEHICLE IDENTIFICATION NO: 1FBSS31L02HA62388 VEHICLE CLASSIFICATION: TRK<=1
YR/MAKE: 2002/FORD -MODEL: BODY STYLE: VN UNIT NO:
EMPTY WT: 6000 CARRYING CAPACITY: 1500 GROSS WT: 7500 TONNAGE: 0.75 TRAILER TYPE:
BODY VEHICLE IDENTIFICATION NO: TRAVEL TRLR LENGTH: 0
PREV OWNER NAME: PHILPOTT MTRS LTD PREV CITY/STATE: PT NECHES, TX

INVENTORY ITEM(S) YR
EXEMPT DOUBLE PLT

FEE ASSESSED			
SALES TAX FEE		\$	0.00
	TOTAL	\$	0.00

VEHICLE RECORD NOTATIONS
RELEASE OF PERSONAL INFO RESTRICTED
ACTUAL MILEAGE
EXEMPT

SALES TAX CATEGORY: EXEMPT

ODOMETER READING: 16	BRAND: A	Sales Tax Date: 03/20/2002	
OWNERSHIP EVIDENCE: MANUFACTURER'S CERT. OF ORIGIN		Sales Price	\$ 0.00
1ST LIEN		Less Trade In Allowance	\$ 0.00
		Taxable Amount	\$ 0.00
		Sales Tax Paid	\$ 0.00
		Less Other State Tax Paid	\$ 0.00
		Tax Penalty	\$ 0.00
		TOTAL TAX PAID	\$ 0.00

2ND LIEN

3RD LIEN

Batch No: 2403733301 Batch Count: 87

THIS RECEIPT TO BE CARRIED IN ALL COMMERCIAL VEHICLES.

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.

Su Requesting Org. . . : 637-8000
 Confirming Request : NO Capital Asset : NO
 Vendor Number . . . : 7196 PHILLPOTT MOTORS
 Ty Description . . . : 15 PASSENGER VAN 2002 FORD CLUB
 5 Quantity : 4.0000 Status : Paid
 17 Unit of Measure . . : EA Price Per Unit : 23,140.0000
 Date Needed By . . : 10/26/2001 Item Total Cost: 92,560.00
 Op Requesting Employee: FG FRANCISCA
 5 G/L Account Number : 637-8000-8801
 5 Project/Sub Project: 637 1 LVista Resource
 Contract Number . . :
 Ship Via :
 Ship to Code . . . : 0104 ECONOMIC D
 Freight Terms . . . :
 Purchase Terms . . . :
 Taxable Item . . . : NO 1099 Item . . . : NO
 Resolution Number :

F14=More Vendors F15=G/L Distribution F20=Description
 F3 -F3=Exit . . F7=Full Exit . . F12=Cancel . . F16=Budget-----

```

WE 8  --Display Request--RP0310S1--
      --Display Request--RP0310S2--
Su   Re
Co   Purchase Order # : 02-0110047 Entry User I.D. . : PURFG
Ve   Requisition # . . : Bid Reference # . . :
Ty  De   Assigned Buyer . . :
5   Qu   Manager . . . . . :
17  Un   Fund . . . . . : 637   LVistaResC
    Da   Department . . . . : 8000  LndBldgEqp
    Re
    G/
    Pr
    Co   Commodity Class :
    Sh   Commodity Type . :
    Sh   Commodity Detail :
    Fr   Quantity Received: .0000
    Pu   Total Cost . . . . : 92,560.00
    Ta   Amount Discounted: .00
    Re   Amount Encumbered: .00
    Amount Expensed : 92,560.00
    F1   F14=More Vendors   F15=G/L Distribution   F22=More Functions
F3 -F3=E -F3=Exit . . F7=Full Exit . . F12=Cancel . . F16=Budget--

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Su Requesting Org. . . : 637-8000
 Confirming Request : NO Capital Asset : NO
 Vendor Number . . . : 7196 PHILLPOTT MOTORS
 Ty Description . . . : EXTENDED WARRANTY PREMIUM CARE 3YRS
 5 Quantity : 4.0000 Status : Paid
 17 Unit of Measure . . : EA Price Per Unit : 875.0000
 Date Needed By . . : 10/26/2001 Item Total Cost: 3,500.00
 Op Requesting Employee: FG FRANCISCA
 5 G/L Account Number : 637-8000-8801
 5 Project/Sub Project: 637 1 LVista Resource
 Contract Number . . :
 Ship Via :
 Ship to Code . . . : 0104 ECONOMIC D
 Freight Terms . . . :
 Purchase Terms . . . :
 Taxable Item . . . : NO 1099 Item . . . : NO
 Resolution Number :

F14=More Vendors F15=G/L Distribution F20=Description

```

WE 8  -Display Request-----RP0310S1-
      -Display Request-----RP0310S2-
Su    Re
Co    Purchase Order # : 02-0110047 Entry User I.D. . : PURFG
Ve    Requisition # . : Bid Reference # . :
Ty    De    Assigned Buyer . :
5     Qu    Manager . . . . . :
17    Un    Fund . . . . . : 637    LVistaResC
      Da    Department . . . : 8000    LndBldgEqp
      Re
      G/
      Pr
      Co    Commodity Class :
      Sh    Commodity Type . :
      Sh    Commodity Detail :
      Fr    Quantity Received: .0000
      Pu    Total Cost . . . . : 3,500.00
      Ta    Amount Discounted: .00
      Re    Amount Encumbered: .00
      Amount Expensed : 3,500.00

      F1    F14=More Vendors    F15=G/L Distribution    F22=More Functions
F3    -F3=E -F3=Exit . . F7=Full Exit . . F12=Cancel . . F16=Budget-----

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**APPLICATION FOR STANDARD
TEXAS EXEMPT LICENSE PLATES**
(Over for Instructions)

copy *MAILED 3-1-08*

VTR-62-A Rev. 8-96
DHT # 142252

COUNTY of Webb

FOR DEPT. USE ONLY	
DATE LIC. ISSUED _____	_____

Year Model	Make of Vehicle	Body Style*	Vehicle Identification Number	Trailer or Semitrailer		Equip. No., if any
				Empty Weight	Gross Weight	
2002	Ford	15 Pass Wgn.	1FBSS31L02HA62388	5997	9100	

* CAB/CHASSIS CANNOT BE SHOWN AS A BODY STYLE

Vehicle(s) shown above will be operated by/or leased to County of Webb Economic Development
Name of Exempt Agency

All ATVs listed above will be used exclusively by this agency to maintain public safety and welfare. Your signature on this form certifies that you are in compliance with Transportation Code, § 502.201.

Mercurio Martinez County Judge 1110 Victoria Suite 501 Laredo, Texas 78040
Signature of Authorized Agent Title Mailing Address City Zip Code

George Sanchez (956) 721-2531
Contact Person Daytime Telephone

If changing from regular issue exempt license plates to standard Texas exempt license plates, please check box.

Statute No. _____ to be shown for all Political Subdivisions created under Art. 16, Sec. 59 of The Constitution of Texas. For Federal Government, State, Cities, Counties, and School Districts the Statute Number is not required.



ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, PHILPOTT MOTORS, Ltd. (transferor's name, Print)

state that the odometer now reads 16 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- (2) I hereby certify that the odometer reading is NOT the actual mileage.

WARNING - ODOMETER DISCREPANCY.

MAKE	MODEL	BODY TYPE
FORD	E350 VAN	UN
VEHICLE IDENTIFICATION NUMBER		YEAR
1FB9931L02HA62388		2002

x Kaester Netherland
TRANSFEROR'S SIGNATURE

Philpott Motors Ltd.

PRINTED NAME
1400 U.S. HWY 69

TRANSFEROR'S ADDRESS (STREET):
NEDERLAND, TX 77627

CITY 01/28/02 STATE ZIP CODE

DATE OF STATEMENT

x Mercurio Martinez Jr.
TRANSFEREE'S SIGNATURE
WEBB COUNTY

PRINTED NAME
WEBB COUNTY

TRANSFEREE'S NAME
1110 VICTORIA SUITE 501

TRANSFEREE'S ADDRESS (STREET)
LAREDO, TX 78040

CITY STATE ZIP CODE

CERTIFICATE OF ORIGIN FOR A VEHICLE



DATE
DECEMBER 20, 2001

INVOICE NO.
HA62388 0

VEHICLE IDENTIFICATION NO.
1FBSS31L02HA62388

YEAR
2002

MAKE
FORD

BODY TYPE
138 ECONOLINE 15 PASS CLUB WAGON

SHIPPING WEIGHT
5997 LBS.

H.P. (S.A.E.)
40.30

G.V.W.R.
9100 LBS

NO. CYLS.
8

SERIES OR MODEL
S314

NOMINAL TONNAGE

3/4

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

Philpott Ford

**P. O. BOX 876
Port Neches TX 77651**

52M792

It is further certified that this was the first transfer of such new motor vehicle in ordinary trade and commerce.

MEMO DATA (NOT A LIEN)

A17583480

FORD MOTOR COMPANY

FINANCE SOURCE 000001

Ford Motor Credit Co.

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

P. O. Box 1732 Room

Dearborn MI

DEARBORN, MICHIGAN

4812

CITY STATE

Printed in U.S.A. (Previous editions may NOT be used)

APPLICATION FOR TEXAS CERTIFICATE OF TITLE

→ TYPE OR PRINT NEATLY IN INK ←

TAX OFFICE USE ONLY

Tax Collector _____		County _____	
Date _____		Transaction Number _____	
1. Vehicle Identification Number 1FB5S31L02HA62388	2. Year 2002	3. Make FORD	4. Body Style VN
5. Model E350 VAN	6. Odometer Reading 16	7. Empty Weight	8. Carrying Capacity (lbs.)
10. Trailer Type () Semi () Full	11. Plate No. 04 JAN	12. Vehicle Unit No.	13. Applicant's Social Security Number (See * below) or Federal Tax ID Number
14. Applicant's Name(s) (Owner/Title Recipient) Address City, State, Zip Code WEBB COUNTY 1110 VICTORIA SUITE 501 LAREDO, TX 78040			13a. Additional Applicants Social Security Numbers
14a. Registrant's Name (Renewal Notice Recipient) Address City, State, Zip Code			<input type="checkbox"/> Statement of Fact for Non-Disclosure, VTR-171, Attached.
14b. Vehicle Physical Location City, State, Zip Code			
15. Previous Owner's Name Address City, State, Zip Code PHILPOTT MOTORS, Ltd. P O BOX 876 FORT WHEELER, TX 77651			15a. GDN - Dealer Use Only P35130

↑ This space for VTR Use Only ↓

THIS MOTOR VEHICLE IS SUBJECT TO THE FOLLOWING FIRST LIEN

16. 1st Lien Date	1st Lienholder Name Address City, State, Zip Code	16a. Additional Lien(s)? <input type="checkbox"/> YES (If additional liens are to be recorded, attach Form VTR-267.)
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17. FOR CORRECTED TITLE, CHECK REASON(S):
 Change in Vehicle Description () VIN
 No Change in Ownership
 Add Lien
 Remove Lien
 Odometer Brand
 Odometer Reading
 Year () Make () Body Style () Other

18. ODOMETER DISCLOSURE - FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE UPON TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND / OR IMPRISONMENT.

I, PHILPOTT MOTORS, Ltd., state that the odometer now reads 16 (no tenths).

**(Name of Seller/Agent)

THE MILEAGE SHOWN IS A - Actual Mileage N - Not Actual Mileage

WARNING - ODOMETER DISCREPANCY X - Mileage Exceeds Mechanical Limits

** IF NO SELLER/AGENT, TITLE APPLICANT SHOULD CHECK ONE OF THE 3 BOXES ABOVE UNLESS NUMBER 6 INDICATES "EXEMPT."

MOTOR VEHICLE TAX STATEMENT

19. CHECK ONLY IF APPLICABLE
 I hold Motor Vehicle Retailer's (Rental) Permit No. _____ and will satisfy the minimum tax liability (V.A.T.S., Tax Code, §152.046 [c]).
 I am a Dealer or Lessor and qualify to take the Fair Market Value Deduction (V.A.T.S., Tax Code, §152.002 [c]).

20. DESCRIPTION OF VEHICLE TRADED IN (if any)	Year	Make	Vehicle Identification Number	20a. ADDITIONAL TRADE - INS? (Y/N)
		N/A	N/A	NO

21. SALES AND USE TAX COMPUTATION

(a) Sales Price (\$ _____ rebate has been deducted)	\$	<u>23140.00</u>	<input type="checkbox"/> \$90 New Resident Tax - (Previous State) _____
(b) Less Trade - In Amount, Describe in Item 20 Above	\$	<u>(N/A)</u>	<input type="checkbox"/> \$5 Even Trade Tax
(c) For Dealers/Lessors / Rental ONLY - Fair Market Value Deduction, Describe in Item 20 Above	\$	<u>(N/A)</u>	<input type="checkbox"/> \$10 Gift Tax
(d) Taxable Amount (Item a. minus Item b./Item c.)	\$	<u>23140.00</u>	<input type="checkbox"/> Exemption claimed under the Motor Vehicle Sales and Use Tax Law because _____
(e) 6.25% Tax on Taxable Amount (Multiply Item d. by .0625)	\$	<u>N/A</u>	
(f) Tax Paid to _____ (STATE)	\$	<u>N/A</u>	
(g) AMOUNT OF TAX DUE (Item e. minus Item f.)	\$	<u>N/A</u>	

\$13 APPLICATION FEE FOR CERTIFICATE OF TITLE

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

22. <u>Kristen Murdoch</u> Signature of SELLER, DONOR, OR TRADER	<u>Kristen Murdoch</u> PHILPRINTED NAME (Same as signature) Date
23. <u>Mercurio Martinez Jr.</u> Signature of PURCHASER, DONEE, OR TRADER	<u>Mercurio Martinez, Jr.</u> PRINTED NAME (Same as signature) <u>01/25/02</u> Date

RIGHTS OF SURVIVORSHIP OWNERSHIP AGREEMENT
 WE, THE PERSONS WHOSE SIGNATURES APPEAR HEREIN, HEREBY AGREE THAT THE OWNERSHIP OF THE VEHICLE DESCRIBED ON THIS APPLICATION FOR TITLE, SHALL FROM THIS DAY FORWARD BE HELD JOINTLY, AND IN THE EVENT OF DEATH OF EITHER OF THE PERSONS NAMED IN THE AGREEMENT, THE OWNERSHIP OF THE VEHICLE SHALL VEST IN THE SURVIVOR.

SIGNATURE _____	Date <u>01/25/02</u>
SIGNATURE _____	Date _____

WARNING: Transportation Code, §501.155, provides that falsifying information on title transfer documents is a third - degree felony offense punishable by not more than ten (10) years in prison or not more than one (1) year in a community correctional facility. In addition to imprisonment, a fine of up to \$10,000 may also be imposed.

*** NOTE:** Transportation Code, §501.0235, REQUIRES that the applicant's social security number be provided when applying for a certificate of title. If the applicant does not have a social security number, Form VTR-171, Statement of Fact for Non-Disclosure of a Social Security Number, must accompany this application. This information is requested for owner identification purposes.



Philpott Motor Company

1400 U.S. Highway 69
Nederland, TX 77627

Mailing Address:
P.O. Box 876
Port Neches, TX 77651

409-727-1451 • Fax: 409-727-8739

GOVERNMENT AND COMMERCIAL SALES DELIVERY ACCEPTANCE FORM

ITEM#	20996	PO#	020110047
VIN:	1FBSS31L02HA62388	CUST ID:	1327
VEHICLE:	E350 WAGON 15-P WHITE	FIN CODE:	QB613

WEBB COUNTY	
DELIVER TO: 1000 HOUSTON LAREDO TX	BILL TO: 1110 VICTORIA SUITE 501 LAREDO TX 78040-
CONTACT: JUAN VARGAS PHONE: (956) 718-8602	CONTACT: ELOY RAMIREZ PHONE: (956) 721-2530

I, Juan VARGAS have received the above vehicle on this 29 day of Jan. 2002.

x Juan VARGAS CUSTOMER SIGNATURE x H. Doyle PHILPOTT FORD

I, Juan VARGAS have received the paperwork for the vehicle listed above on this 29 day of Jan. 2002.

x Juan VARGAS CUSTOMER SIGNATURE x H. Doyle PHILPOTT FORD

For questions about vehicles or payment, please contact the Philpott Ford Government and Commercial Sales Department at (888)973-5338 or fax us at (409)724-0934.

Notes: Floor Mats for ~~front~~ ^{REAR} and Middle SEATS ARE NEEDED.

**APPLICATION FOR STANDARD
TEXAS EXEMPT LICENSE PLATES**
(Over for Instructions)



VTR-62-A Rev. 8-96
DHT # 142252

COUNTY _____

FOR DEPT. USE ONLY	
DATE LIC. ISSUED _____	_____

Year Model	Make of Vehicle	Body Style*	Vehicle Identification Number	Trailer or Semitrailer		Equip. No., if any
				Empty Weight	Gross Weight	
2002	FORD	ATV	F80001L02HAG2388			

* CAB/CHASSIS CANNOT BE SHOWN AS A BODY STYLE **WEBB COUNTY**

Vehicle(s) shown above will be operated by/or leased to _____ Name of Exempt Agency

All ATVs listed above will be used exclusively by this agency to maintain public safety and welfare. Your signature on this form certifies that you are in compliance with Transportation Code, **502.20** **OFFICE SUITE 501 LAREDO**, Texas **78040**

Signature of Authorized Agent Title Mailing Address City Zip Code

Contact Person Daytime Telephone

If changing from regular-issue exempt license plates to standard Texas exempt license plates, please check box.

Statute No. _____ to be shown for all Political Subdivisions created under Art. 16, Sec. 59 of The Constitution of Texas. For Federal Government, State, Cities, Counties, and School Districts the Statute Number is not required.





0 4 5 3 2 - 3

P&A Code (including check digit)

1 7 8 9 0 1 2 3 4 5 6 7 8 9

Vehicle Identification Number (17 Digits)

CONTRACT TYPE: New Used

0 1 2 3 4

Signature Date (Purchase Date)

0 1 2 3 4

In-Service Date (Warranty Start Date)

Is vehicle being registered Quality Certified (Ford/Mercury/Lincoln Assured/Non-Ford)? Yes No

PLAN INFORMATION

NEW ESP PLANS

- PowertrainCARE
- ExtraCARE
- RentalCARE
- Quality Care Maintenance Protection Plan (Normal Schedule)
- Quality Care Maintenance Protection Plan (Optional Schedule)
- BaseCARE
- PremiumCARE

Deductible for the above plans is \$50, unless deductible option is purchased.

Deductible for the above plans is \$0.

NEW PLAN OPTIONS

- \$0 Deductible
- \$100 Deductible
- First Day Rental (2-Day Rental for Quality Care Maintenance Protection Plan)
- Disappearing Deductible
- \$200 Deductible (75,000 or 100,000 mile plans only)

USED ESP PLANS

Used plans must be purchased at time of vehicle sale.

- Used PowertrainCARE
- Used ExtraCARE
- Used RCL PremiumGUARD
- Used BaseCARE
- Used PremiumCARE
- Used RCL ExtraGUARD

Deductible for the above plans is \$100, unless deductible option is purchased.

Deductible for the above plans is \$50.

USED PLAN OPTIONS

- Disappearing Deductible
- \$200 Deductible
- \$50 Deductible

PLAN PERIOD

Plan Months/Distance

3 6

Plan Months

0 1 2 3 4 5 6

Plan Distance (no tenths)

Quality Care Maintenance Protection Plan Months/Distance

3 6

Plan Months

0 1 2 3 4 5 6

Plan Distance (no tenths)

EXPIRATION INFORMATION

New Plans: The expiration of all New Vehicle Plan is calculated from the Original Factory Limited Warranty Start Date (WSD) and zero miles. Used Plans: For contracts purchased on Ford, Lincoln and Mercury vehicles prior to the expiration of the original factory limited warranty, this contract provides coverage from the expiration of the original factory limited warranty, up to the earlier of the Expiration Date or Expiration Distance indicated below. For contracts purchased on Non-Ford vehicles, this contract provides coverage from the Signature Date and Starting Distance up to the earlier of the Expiration Date or Expiration Distance indicated below.

0 1 2 3 4

Expiration Date

0 0 0 0 1 0

Starting Distance (no tenths)

0 1 2 3 4 5 6 7 8 9

Expiration Distance (no tenths)

Plan Coverage Cost	
Purchase Price (include options & surcharges)	\$ 75.00
Sales Tax	\$ N/A
Total Price	\$ 75.00

- FMCC financed: Yes No
- Lienholder: _____
- Time Payment Plan 5-Month 10-Month
- Is this a police vehicle: Yes No (If yes, refer to Police Price Sheet.)

Additional Cost Features

- Diesel Commercial Business Use
- SHD, Turbo, Rotary, Supercharger, 4-Wheel/All Wheel Drive, Snow Plow
- New plan purchased after 12 months / 12,000 miles from WSD, whichever occurs first. (Not applicable for RentalCARE)

The following vehicles are not eligible for coverage: Taxi, livery/shuttle/commuter, emergency or tow vehicles, Mustang Cobra R, Saleen modified vehicles, branded, repossessed, or electric vehicles, and vehicles equipped with snow plows except as follows: New Ford/Lincoln/Mercury vehicles purchased with Snow Plow Prep packages 53C or 86M or 827 (7700 Payload Group V-B) are eligible for ESP New PowertrainCARE, BaseCARE, ExtraCARE, and PremiumCARE service contract plans with Plan Distance of less than 100,000 miles. The following vehicles are ONLY eligible for ESP New Vehicle PowertrainCARE and BaseCARE plans with \$50 deductible: Incomplete Ford vehicles with the first three VIN positions of 1FC, 1FD (Except body type E24, E14 or S24), 2FC, 2FD, 3FC, 3FD or 3FE. Incomplete Non-Ford vehicles are not eligible for coverage.

Non-Ford Vehicle Information
Must be completed to register

- Vehicle Make: _____
- Model: _____ Year: _____
- Transmission Auto Manual
- Drive Axle Front Rear 4x4

CUSTOMER INFORMATION

The purchase of a motor vehicle service contract is not required in order to purchase or obtain financing for a motor vehicle.
CONTRACT PURCHASER: The contract purchaser is the owner of the contract. Contract Provisions will be issued in contract purchaser's name.

First Name (PRINT) M.I. Last Name/Company Name (PRINT)
 Street Address (Bldg./Apt. Number) City State Zip/Code

I acknowledge that coverage(s) begin and end as stated in the "Plan Period" section above. Upon acceptance of this agreement by ESP Headquarters, Contract Provisions will be mailed to me at the address indicated on this form.

Purchaser Signature (not valid without signature) Date

NOTE: This is an Application for Contract only. Coverage is not valid until accepted by ESP Headquarters.

DEALER INFORMATION

Dealership Name Dealership Address
 Dealership Signature Dealership Phone Number Dealership Fax Number

Register contract via ESPS and retain copy in customer's file at dealership.

ADMINISTRATOR: Ford Extended Service Plan Service Contract Admin. Unit P.O. Box 6045, Dearborn, MI 48121 1-800-521-4144
 PROVIDER: Ford or Ford Motor Service Company P.O. Box 6045, Dearborn, MI 48121 1-800-521-4144
 PROVIDER IN FLORIDA ONLY: The American Road Insurance Co. (A Stock Insurance Company) P.O. Box 6045, Dearborn, MI 48121 Certificate of Authority #09079

*For the name of the provider in your state see your Contract Provisions documents. (For ESP plans on Non-Ford vehicles your selling dealer may be your provider).



Government & Commercial Sales

20297

P.O. BOX 876
 PORT NECHES, TEXAS 77651-5203
 TOLL FREE: 1-888-973-5338 • 409-727-1451
 FAX: 409-724-0984

DEAL # 58854
 SALESMAN 7*9227

SOLD TO: WEBB COUNTY
 ADDRESS 1110 VICTORIA SUITE 501
LAREDO

DATE 28 JAN 2002

MAKE	MODEL	NEW OR USED	SERIAL NO. (VIN NO.)	TX	6040
FORD	E350	NEW	1FB3S31L02HA62388		

P.O. # 01-0110047 REQ. # _____

PRICE OF VEHICLE OPTIONAL EQUIP. & ACCESS.	23140.00
ESP WARR.	875.00
SALES TAX LICENSE AND TITLE	N/A
TOTAL CASH PRICE	N/A
FINANCING INSURANCE	24015.00
TOTAL TIME PRICE	N/A
SETTLEMENT: DEPOSIT	N/A
CASH ON DELIVERY	N/A
TRADE-IN	N/A
PAY-OFF	N/A
PAY-OFF TO	N/A
TYPE	N/A
VEH. NO.	N/A
PAYMENTS	N/A
TOTAL	N/A

VEHICLE INVOICE

Please pay from this

INVOICE

NET 10 DAYS

24015.00