PARKS TOYOTA of DeLand

Date: *2/19/2026*

Manager:

**FOR INTERNAL USE ONLY**

**CUSTOMER**

Home Phone :

Work Phone :

E-Mail :

Cell Phone

**VEHICLE**

Stock # : New / Used : **New** VIN : Mileage:

Vehicle :***2026 Toyota RAV4*** Color :

Type :

| | |
|---|---|
| Market Value Selling Price | 38,407.00 |
| Discount | 1,000.00 |
| Adjusted Price | 37,407.00 |
| Taxable Fees (Estimated) | 999.00 |
| Doc Fee | 139.95 |
| Tax | 2,387.76 |
| Non Tax Fees | 282.50 |
| Balance | 41,216.21 |

Customer Approval: _____ Management Approval: _____

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

CarEdge