



Date: **12/2/2025**
Salesperson: _____
Manager: _____

FOR INTERNAL USE ONLY

CUSTOMER _____ Home Phone : _____
Address : _____ Work Phone : _____
E-Mail : _____ Cell Phone _____

VEHICLE
Stock # : **N392111** New / Used : **New** VIN : **7MMVABBM9SN392111** Mileage: **5**
Vehicle : **2025 Mazda CX-50** Color : **Ingot Blue Meta**
Type : **2.5 S Preferred Package 4dr All-WheC50PFXA**
Body Size : _____ Style : _____ Weight : **1650** Unit Class : _____

Market Value Selling Price	33,960.00
Total Savings	2,986.00
Adjusted Price	30,974.00
Taxable Fees (Estimated)	199.00
Dealer Doc	899.00
GATAVT	2,245.04
Non Tax Fees	46.00
Balance	34,363.04

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.

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