

Date: **2/26/2026**

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	38,278.00
Discount	1,700.00
Adjusted Price	36,578.00
Taxable Fees (Estimated)	999.00
Doc Fee	139.95
Tax	2,338.02
Non Tax Fees	282.50
Balance	40,337.47

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.