## LAW 553-RI-ARB-e 9/23 Bus TRUCK

## RETAIL INSTALLMENT SALE CONTRACT - SIMPLE FINANCE CHARGE

					ARBITRATION	N PROVISION)				
Buyer Name and Address (Including County and Zip Code) DONALEE GRANT 295 OSPREY RD WAKEFIELD, RI WASHINGTON, 02879				Co-Buyer Name and Address (Including County and Zip Code) N/A			) Seller-Creditor (Name and Address) BALISE NISSAN 1350 POST RD WARWICK, RI 02888-3262			
Cell: N/A				Cell: N/A						
1	DENTIAL	PAINTCOMPAN	@YAHOO.COM	Email: N/A						
on credit und	er the Charge	agreements i e in U.S. fund	in this contract.' s according to t	You agree to	o pay the Seller - (	Creditor (sometimes	ining this contract, you choose to buy the vehicle "we" or "us" in this contract) the Amount Financed nance charge on a daily basis. The Truth-In-Lending			
New/Used/ Demo	· f		Make and Mod	Vehicle Identification Number		ntification Number	Primary Use For Which Purchased			
USED	ED 2021		RAM 1500		1C6RRFFG3MN776305		Personal, family, or household unless otherwise indicated below business			
		FEDERAL	TRUTH-IN-LI	ENDING D	ISCLOSURES		Returned Payment Charge: You agree to pay a			
ANNUAL PERCENTAGE RATE The cost of your credit as		FINANCE Amo CHARGE Final The dollar The am amount the credit pi		ount Inced Incunt of Drovided Ou or	Total of Payments The amount you will have paid after you have made all	Total Sale Price The total cost of r your purchase on	charge of \$ if any check or electronic payment you make is returned unpaid.			
a yearly rate17.39 %		cost you \$ <u>24,139.55</u>	\$ <u>36.65</u>	r behalf.	payments as scheduled. \$ 60,798.75	your down payment of \$ 7,000.00 is \$ 67,798.75	OPTIONAL GAP CONTRACT. A gap contract (debt cancellation contract) is not required to obtain credit and will not be provided unless you sign			
		Schedule V				e) means ar estimate	below and agree to pay the extra charge. If you			
Number of Amount of Payments Payments			· <b>\</b>	When Payme Are Due	nts	choose to buy a gap contract, the charge is shown in Item 4D of the Itemization of Amount Financed.				
75	75 \$810.65		Monthly beginning 05/28/2024			See your gap contract for details on the terms and conditions it provides. It is a part of this contract.				
One Final Payment Of \$ N/A On N/A							Term N/A Mos.			
N/A										
							N/A Name of Gap Contract			
Late Charge. If payment is not received in full within 10 days after it is due, you will pay a late charge of \$ 1.00 or 5 % of the part of the payment that is late, whichever is greater . I want to buy a gap contract.										
Security Inte	rest. You format	u are giving a s ion: See this	Il not have to pay a ecurity interest in t contract for more Il before the sched	ne vehicle bei information	including informatio	n about nonpayment,	Buyer Signs X N/A			
Agreement to arbitration and Buyer Signs X	not by a	court action. Se	low, you agree that, e the Arbitration Pro	pursuant to the	onal information conce	on page 5 of this contrac rning the agreement to ar b-Buyer Signs X N/A	t, you or we may elect to resolve any dispute by neutral, binding bitrate.			
By initialing	below	, you acknow	ledge that you h	ave been in	formed of the rate	and term.				
Annual Percentage Rate 17.39 % Buyer (and any Co-Buyer) Initials N/A										
Term										

ÎT	EMIZ	ATION OF AMOUNT FINANCED		Insurance. You may buy the physical damage insurance this
1	Ca	sh Price (including \$ <u>2.548.70</u> sales tax)	\$38,538.70(1)	contract requires from anyone you choose subject to our approval of your choice as the law allows. You may also provide the physical damage insurance through an existing policy owned or controlled
•	T-4	at Dawasayasat		damage insurance through an existing policy owned or controlled by you that is acceptable to us. You are not required to buy any other insurance to obtain credit unless the box indicating Vendor's
2	101	al Downpayment =		other insurance to obtain credit unless the box indicating Vendor's
		Trade-In N/A (Year) (Make) (Model)		Single Interest Insurance is required is checked below.  If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and
			s N/A	the named insurance companies will describe the terms and conditions.
		Gross Trade-In Allowance	s N/A	Conditions,
		Less Pay Off Made By Seller to N/A	\$ N/A	Check the insurance you want and sign below:
		Equals Net Trade In	\$	Optional Credit Insurance
		+ Cash	\$	☐ Credit Life: ☐ Buyer ☐ Co-Buyer ☐ Both
		+ Other N/A	\$N/A \$N/A	☐ Credit Disability: ☐ Buyer ☐ Co-Buyer ☐ Both
		+ Other N/A	Ţ	Premium:
		+ Other N/A	\$N/A	Credit Life \$ N/A
		(If total downpayment is negative, enter "0" and see 4I below)	\$ 7,000.00 (2)	Credit Disability \$ N/A
3		paid Balance of Cash Price (1 minus 2)	\$31,538.70_(3)	Insurance Company Name N/A
4		er Charges Including Amounts Paid to Others on Your Behalf		N/A
	(Se	iller may keep part of these amounts):		Home Office Address N/A
	Α	Cost of Optional Credit Insurance Paid to Insurance Company or Companies.		N/A
		Life \$ N/A		Credit life insurance and credit disability insurance are not required to
į		Disability \$ N/A	\$N/A	obtain credit. Your decision to buy or not buy credit life insurance and credit disability insurance will not be a factor in the credit approval
	В	Vendor's Single Interest Insurance Paid to Insurance Company	\$ <u> </u>	process. They will not be provided unless you sign and agree to pay the
	C	Other Optional Insurance Paid to Insurance Company or Companies	\$N/A	process. They will not be provided unless you sign and agree to pay the extra cost. If you choose this insurance, the cost is shown in Item 4A of the Itemization of Amount Financed. Credit life insurance is based
	D	Optional Gap Contract	\$N/A	on your original payment schedule. This insurance may not pay all you
	E	Official Fees Paid to Government Agencies		on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability
		to STATE for PLATE FEE	\$25.50	insurance does not cover any increase in your payment or in the number of payments. Coverage for credit life insurance and credit disability insurance ends on the original due date for the last payment unless a different term for the insurance is shown below.
		to N/A for N/A		disability insurance ends on the original due date for the last payment
		to N/A for N/A	s N/A	unless a different term for the insurance is shown below.
	F	Government Taxes Not Included in Cash Price	¥	
		Government License and/or Registration Fees	Ψ	Other Optional Insurance
	~	AI/A		
		REGISTRATION FEE	\$125.00	N/A N/A Type of Insurance Term
	ш	Government Certificate of Title Fees		Premium \$ N/A
	-	Other Charges (Seller must identify who is paid and describe purpose)	\$	
	,		\$N/A	Insurance Company Name N/A
		to N/A for Prior Credit or Lease Balance	\$ 100.00 \$ 400.00	N/A
		to DEALER for DOCUMENTATION FEE	¥	Home Office Address N/A
		to DEALER for PREP FEE	\$ 20.00	N/A
		to QUALITY GUARD PLUS for SERVICE CONTRACT	\$ 4.500.00	N/A N/A Type of Insurance Term
		to N/A for N/A	\$N/A	Type of insurance leftin
		to N/A for N/A	\$N/A	Premium \$ N/A
		to N/A for N/A	\$N/A	Insurance Company Name N/A
		to N/A for N/A	\$N/A	<u>N/A</u>
		to N/A for N/A	\$N/A	Home Office Address N/A
		to N/A for N/A	\$N/A	<u>N/A</u>
		to N/A for N/A	\$N/A	Other optional insurance is not required to obtain credit. Your decision to buy or not buy other optional insurance will not be a
		to N/A for N/A	\$N/A	factor in the credit approval process. It will not be provided unless
		to N/A for N/A	\$N/A	you sign and agree to pay the extra cost.
		Total Other Charges and Amounts Paid to Others on Your Behalf	\$ 5,120.50 (4)	I want the insurance checked above.
5	An	nount Financed (3 + 4)	\$(5)	
<u> </u>				X N/A
ſο.	PTIC	N: You pay no finance charge if the Amount Financed, item	5, is paid in full on or before	Buyer Signature Date
"	•		· ·	X N/A N/A
L		N/A, YearN/A SELLER'S INIT	IALSN/A	Co-Buyer Signature Date
_				THIS INSURANCE DOES NOT INCLUDE INSURANCE
		ENDOR'S SINGLE INTEREST INSURANCE (VSI insurance): If the tor requires VSI insurance for the initial term of the contract to protect	ON YOUR LIABILITY FOR BODILY INJURY OF PROPERTY DAMAGE CAUSED TO OTHERS.	
		vehicle (collision, fire, theft, concealment, skip). VSI insurance is for	It is understood that insurance coverage which would protect the	
		nsurance does not protect your interest in the vehicle. You may ch	purchaser under the Rhode Island Motor Vehicle Safety Responsibility Act is not included in the purchase of the moto	
i		gh which the VSI insurance is obtained. If you elect to purcha	vehicle described here.	
		tor, the cost of this insurance is \$N/A and is	The purchaser has received a copy of this statement.	
1		eation of Amount Financed. The coverage is for the initial term of the	X Hande Chart	
L'''	دا ۱۱۰	auth of Amount I manood, the coverage is for the unital term of the		Purchaser's Signature
		:	:	x ~~~
		·	•	Seller's Signature