

Clean Vehicle Rebate Program Step by Step Guide

Updated 10/21/2016

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How can I make sure I get my rebate in a timely fashion?

Submitting incomplete or incorrect supporting documents will delay the processing time of your application. To ensure that your rebate is released to you in a timely fashion, use this checklist to make sure that you have submitted all of the correct materials.

Application Form

If I am receiving the rebate:

- ✓ My application form has ALL of the fields correctly completed.
- ✓ I have completed the section titled “If Purchaser is Receiving Rebate” of the application.
- ✓ I got the signature of the Dealer Manager or Owner.

Purchase/Lease Agreement

- ✓ I have provided a copy of my purchase, financing, or lease agreement.
- ✓ If leased, the lease agreement is for a minimum of 3 years/ 36 months.

Delaware Driver’s License, Business License, or Proof of Service Letter

- ✓ My Delaware Driver’s License, Business License, or proof of Service Letter readable.
- ✓ I have provided a copy of this documentation with my application.

W-9 Form

- ✓ I have completed and submitted a W-9 form online
- ✓ I have **not** attached a copy of this form with my application

Participating Dealerships

- ✓ I have submitted proof that the rebate was taken off of customer’s purchase or lease
 - This can be a letter, or indication on the lease/financing slip where the rebate was taken off.

Signed Application Form: Customer Receiving Rebate

- ✓ The application must have all required fields completed and legible
- ✓ Complete the section titled "If Purchaser is Receiving Rebate"
- ✓ Get a Dealership manager/owner to sign the bottom of page two (Note: Tesla's may get the salesperson to sign this document)

| | | |
|---|--|--|
|  Delaware Clean Vehicle Rebate Program Vehicle Rebate Application Form Division of Energy and Climate 100 W. Water Street, Suite 5A, Dover, DE 19904 Phone: (302) 735 - 3480 Fax: (302) 739 - 1840 Website: http://www.dnrec.delaware.gov/cleantransportation Email for submission: DNREC.Transportation@state.de.us | | Page 1 of 2 Invoice number (internal use) |
| Vehicle Type (Please circle one): (Battery Electric) Plug-in Hybrid V2G Natural Gas Propane Retrofitted | | |
| Applicant/Purchaser Information | | |
| Name of Purchaser: <u>Ni Kola Tesla</u> | | |
| Email: <u>AC Power @ electricity.com</u> | | |
| Daytime Phone: <u>(302) 555-0710</u> Cell Phone: <u>(302) 555-0107</u> | | |
| Mailing Address: <u>1093 Jackson Park Ave.</u> | | |
| City: <u>Wilmington</u> State: <u>DE</u> Zip code: <u>19808</u> | | |
| Street Address (as it appears on Driver's License): Same as above <input checked="" type="checkbox"/> | | |
| City: _____ State: _____ Zip code: _____ | | |
| Driver's License Number and State (or Business License Number): <u>1856 A43, DE</u> | | |
| Dealership Information | | |
| Name of Dealership: <u>EV Dealership</u> | | |
| Contact Person or Salesperson Name: <u>George Westinghouse</u> | | |
| Email Address (for Dealership Contact Person): <u>westinghouse @ evdealers.com</u> | | |
| Dealership Mailing Address: <u>1040 Central Bridge Rd.</u> | | |
| City: <u>New Castle</u> State: <u>DE</u> Zip code: <u>19720</u> | | |
| Daytime Phone: <u>(302) 555-1914</u> | | |
| Vehicle Information | | |
| Make: <u>Nissan</u> Model: <u>Leaf</u> Year: <u>2017</u> | | |
| Vehicle Identification Number (VIN): <u>VIN # HERE</u> | | |
| License Plate OR Temporary Tag Number: <u>CP98765</u> City of Purchase: <u>New Castle</u> | | |
| Purchase Information | | |
| Date of New Vehicle Purchase: <u>11/11/2016</u> | | |
| MSRP of Vehicle: <u>\$28,000</u> | | |
| Total Price Paid (before Delaware Rebate): <u>\$25,500</u> | | |

Please complete page two of the application

The temporary tag number is acceptable in this field

Applicants who have purchased a Tesla may get the salespersons signature instead of a Dealer Owner or Manager Signature

| | |
|---|--|
| Purchaser Name: _____ Vehicle Rebate Page 2 of 2 | |
| IF PURCHASER IS RECEIVING REBATE: Purchaser must acknowledge all required documentation, initial each clause in the space provided, sign, and obtain the Dealer Owner/Manager signature: | |
| Documents: The documents listed below must be submitted with your application | |
| <u>NT</u> | State Substitute W-9 Form. Please fillout W-9 ONLINE at https://w9.accounting.delaware.gov/W9form.aspx |
| <u>NT</u> | Final proof of payment submitted (sales slip) - OR Lease agreement (leases must be for no less than 3 years/36 months) |
| <u>NT</u> | Copy of Delaware State Driver's License, Business License, or Military Proof of Service Letter |
| Applicant Declarations: Please initial next to each statement, signifying that you agree. | |
| <u>NT</u> | I certify that I am a resident of the State of Delaware and the information provided on this application is true and correct. |
| <u>NT</u> | I have read, understand and agree to the eligibility requirements (found at www.de.gov/cleantransportation). |
| <u>NT</u> | I understand that rebate funding is limited and subject to availability, and that this application does not guarantee payment. |
| <u>NT</u> | I understand and accept that rebate processing will take at least 6-8 weeks from the date the Division of Energy and Climate receives a complete rebate application. |
| <u>NT</u> | I understand that only vehicles purchased between November 1, 2016 and June 30, 2018 are eligible for this round of funding under the Clean Vehicle Rebate Program. |
| <u>NT</u> | I understand that incomplete applications will not be processed and submitting an incomplete application may result in loss of rebate due to limited funding availability. |
| Purchaser Printed Name: <u>Ni Kola Tesla</u> Date: <u>11/11/2016</u> Signature: <u>Nikola Tesla</u> | Dealer Owner or Manager Signature Printed Name: <u>George Westinghouse</u> Date: <u>11/11/2016</u> Signature: <u>[Signature]</u> |
| IF DEALERSHIP IS RECEIVING REBATE: (Participating Dealership to receive rebate on the customer's behalf) Dealer must fill out the information below, sign, and obtain the purchaser's signature: | |
| Name of Participating Dealership: _____ | |
| Email: _____ Phone: _____ | |
| Mailing Address: _____ | |
| State: _____ City: _____ Zip: _____ | |
| The Participating Dealership must submit the following on behalf of the purchaser to ensure rebate payment. The Participating Dealership Owner or Manager must acknowledge submittal of documentation and sign below. | |
| <input type="checkbox"/> IF FINANCED/PURCHASED, Final proof of payment (sales slip). OR <input type="checkbox"/> IF LEASED, lease agreement and <input type="checkbox"/> AND a copy of Delaware Driver's License | |
| For Purchaser: Please transfer this rebate payment to the above named company. I understand that I will not directly receive the rebate payment for this purchase. | |
| Purchaser Signature: _____ Date: _____ | |
| Dealer Owner/Manager Signature: _____ | |
| Printed Name: _____ Date: _____ | |
| Signature: _____ | |

Signed Application Form: Participating Dealership Receiving Rebate

- ✓ The application must have all required fields completed and legible.
- ✓ Complete section titled "IF DEALERSHIP IS RECEIVING REBATE."
- ✓ Get Applicant Signature.
- ✓ Provide documentation stating or showing where the rebate was taken out of the customer's order.

| | | |
|--|--------------------|--|
|  Delaware Clean Vehicle Rebate Program Vehicle Rebate Application Form Division of Energy and Climate 100 W. Water Street, Suite 5A, Dover, DE 19904 Phone: (302) 735 - 3480 Fax: (302) 739 - 1840 Website: http://www.dnrec.delaware.gov/cleantransportation Email for submission: DNREC.Transportation@state.de.us | | Page 1 of 2 Invoice number (internal use) |
| Vehicle Type (Please circle one): Battery Electric <input type="radio"/> Plug-In Hybrid <input checked="" type="radio"/> V2G <input type="radio"/> Natural Gas <input type="radio"/> Propane <input type="radio"/> Retrofitted <input type="radio"/> | | |
| Applicant/Purchaser Information | | |
| Name of Purchaser: <u>Thomas Edison</u> | | |
| Email: <u>DC Power @electricity.com</u> | | |
| Daytime Phone: <u>(302) 555-0211</u> | | Cell Phone: <u>(302) 555-1018</u> |
| Mailing Address: <u>18 Barl street</u> | | |
| City: <u>Dover</u> | State: <u>DE</u> | Zip code: <u>19904</u> |
| Street Address (as it appears on Driver's License): Same as above <input checked="" type="checkbox"/> | | |
| City: | State: | Zip code: |
| Driver's License Number and State (or Business License Number): <u>1847 1931, Delaware</u> | | |
| Dealership Information | | |
| Name of Dealership: <u>EV Dealership</u> | | |
| Contact Person or Salesperson Name: <u>Mina Miller</u> | | |
| Email Address (for Dealership Contact Person): <u>evdealer@evdealers.com</u> | | |
| Dealership Mailing Address: <u>4000 Lynn Ave.</u> | | |
| City: <u>Dover</u> | State: <u>DE</u> | Zip code: <u>19904</u> |
| Daytime Phone: <u>(302) 555-1886</u> | | |
| Vehicle Information | | |
| Make: <u>Chev</u> | Model: <u>Volt</u> | Year: <u>2017</u> |
| Vehicle Identification Number (VIN): <u>VIN # HERE</u> | | |
| License Plate OR Temporary Tag Number: <u>XP12345</u> | | City of Purchase: <u>Dover, DE</u> |
| Purchase Information | | |
| Date of New Vehicle Purchase: <u>11/1/2016</u> | | |
| MSRP of Vehicle: <u>\$45,000</u> | | |
| Total Price Paid (before Delaware Rebate): <u>\$40,000</u> | | |

Please complete page two of the application

| | | | |
|--|-----------------|--|-------------|
| Purchaser Name: | | Vehicle Rebate Page 2 of 2 | |
| IF PURCHASER IS RECEIVING REBATE: Purchaser must acknowledge all required documentation, initial each clause in the space provided, sign, and obtain the Dealer Owner/Manager signature: | | | |
| Documents: The documents listed below must be submitted with your application | | | |
| <input type="checkbox"/> State Substitute W-9 Form. Please fillout W-9 ONLINE at https://re9.accounts.delaware.gov/W9form.aspx | | | |
| <input type="checkbox"/> Final proof of payment submitted (sales slip) - OR- Lease agreement (leases must be for no less than 3 years/36 months) | | | |
| <input type="checkbox"/> Copy of Delaware State Driver's License, Business License, or Military Proof of Service Letter | | | |
| Applicant Declarations: Please initial next to each statement, signifying that you agree. | | | |
| <input type="checkbox"/> I certify that I am a resident of the State of Delaware and the information provided on this application is true and correct. | | | |
| <input type="checkbox"/> I have read, understand and agree to the eligibility requirements (found at www.de.gov/cleantransportation). | | | |
| <input type="checkbox"/> I understand that rebate funding is limited and subject to availability, and that this application does not guarantee payment. | | | |
| <input type="checkbox"/> I understand and accept that rebate processing will take at least 6-8 weeks from the date the Division of Energy and Climate receives a complete rebate application. | | | |
| <input type="checkbox"/> I understand that only vehicles purchased between November 1, 2016 and June 30, 2018 are eligible for this round of funding under the Clean Vehicle Rebate Program. | | | |
| <input type="checkbox"/> I understand that incomplete applications will not be processed and submitting an incomplete application may result in loss of rebate due to limited funding availability. | | | |
| Purchaser | | Dealer Owner or Manager Signature | |
| Printed Name: _____ | Date: _____ | Printed Name: _____ | Date: _____ |
| Signature: _____ | | Signature: _____ | |
| IF DEALERSHIP IS RECEIVING REBATE: (Participating Dealership is receiving rebate on the customer's behalf) Dealer must fill out the information below, sign, and obtain the purchaser's signature: | | | |
| Name of Participating Dealership: <u>EV Dealership</u> | | | |
| Email: <u>evdealership@evdealers.com</u> | | Phone: <u>(302) 555-1886</u> | |
| Mailing Address: <u>4000 Lynn Ave.</u> | | | |
| State: <u>Dover</u> | City: <u>DE</u> | Zip: <u>19904</u> | |
| The Participating Dealership must submit the following on behalf of the purchaser to ensure rebate payment. The Participating Dealership Owner or Manager must acknowledge submittal of documentation and sign below. | | | |
| <input checked="" type="checkbox"/> IF FINANCED/PURCHASED, Final proof of payment (sales slip). OR <input type="checkbox"/> IF LEASED, lease agreement and <input checked="" type="checkbox"/> AND a copy of Delaware Driver's License | | | |
| For Purchaser: Please transfer this rebate payment to the above named company. I understand that I will not directly receive the rebate payment for this purchase. | | | |
| Purchaser Signature: <u>Thomas Edison</u> | | Date: <u>11/1/2016</u> | |
| Dealer Owner/Manager Signature: | | Date: <u>11/1/2016</u> | |
| Printed Name: <u>Mina Miller</u> | | Date: <u>11/1/2016</u> | |
| Signature: <u>[Signature]</u> | | | |

Delaware Driver's or Business License

- ✓ I have provided a copy of my Delaware Driver's or Business License



The back of the license is NOT required

OR

| LICENSE NO. | STATE OF DELAWARE DIVISION OF REVENUE | | VALID |
|--|---|-----|----------------------|
| POST CONSPICUOUSLY | BUSINESS CODE GROUP CODE | 377 | LICENSED ACTIVITY |
| DLN: | WHOLESALER-ANY PRODUCTS | | NOT TRANSFERABLE |
| DATE ISSUED: |  | | |
| LICENSE FEE: | | | |
| <small>IS HEREBY LICENSED TO PRACTICE, CONDUCT OR ENGAGE IN THE OCCUPATION OR BUSINESS ACTIVITY INDICATED ABOVE IN ACCORDANCE WITH THE LICENSE APPLICATION DULY FILED PURSUANT TO TITLE 30, DEL. CODE.</small> | | | |
| <small>DIRECTOR OF REVENUE</small> | | | |

IMPORTANT - TEAR AT ABOVE PERFORATION AND DISPLAY IN A PUBLIC LOCATION

Federal E.I. No. or
Social Security Number 111 11 1111

Business Code
Group Code 377

Licensed
Activity WHOLESALER-ANY PRODUCTS

The State of Delaware Business License printed above must be posted in a public area at the location address listed. If you have any questions regarding this license, please call (302) 577-8778.

Proof of Service Letter

- If an applicant is in the Military and station in Delaware, but with a driver's license from a different state, the applicant may submit a Proof of Service Letter in lieu of a copy of their driver's license.

**DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR FORCE PERSONNEL CENTER
RANDOLPH AIR FORCE BASE TEXAS**

FROM: HEADQUARTERS AIR FORCE PERSONNEL CENTER CURRENT DATE

SUBJECT: OFFICIAL PROOF OF SERVICE LETTER

1. This information is retrieved directly from the Air Force Personnel Database at Randolph Air Force Base Texas. All questions regarding the validity of this letter should be referred to the member's servicing military personnel section, or the Total Force Service Center - San Antonio at 1-800-525-0102.

| NAME | SSAN | DATE |
|---------------|-------------|-------------|
| FIRST MI LAST | 000-00-0000 | DD MMM YYYY |

SERVICE DATES:

- a. RANK: XXX
- b. DATE OF RANK: DD MMM YYYY
- c. EXTENDED ACTIVE DUTY: DD MMM YYYY
- d. DATE OF ENLISTMENT: DD MMM YYYY
- e. TERM OF ENLISTMENT: X
- f. TOTAL ACTIVE FEDERAL MILITARY SERVICE DATE: DD MMM YYYY
- g. DATE OF SEPARATION: DD MMM YYYY
- h. PAY DATE: DD MMM YYYY
- i. DATE ELIGIBLE RETURN FROM OVERSEAS: *****
- j. DATE OF BIRTH: DD MMM YYYY
- k. LOST TIME: 0

Note : ***** Denotes No Data

2. Member is currently serving on extended active duty.

ELECTRONICALLY GENERATED SIGNATURE IMPLIED

THIS DOCUMENT CONTAINS INFORMATION WHICH MUST BE PROTECTED
IAW AFI 33-332 AND DOD REGULATION 5400.11.
PRIVACY ACT OF 1974, AS AMENDED, APPLIES.

W-9 Form (available at

<https://w9.accounting.delaware.gov/W9form.aspx>)

Select "New Vendor"

The applicant for the rebate is the "Vendor"

If you have already completed a W-9 form with the state, you do NOT need to complete another one.

Questions about this form can be directed to (855)846-7524

STATE OF DELAWARE SUBSTITUTE FORM W-9

The State of Delaware requires the following information for all vendors (payees) before any payments can be made. This information is used to populate and maintain the State's vendor file.

*Required. Complete all required fields if now requesting a change.

* Form Type: New Vendor Change Profile

* Taxpayer ID:

SSN EIN (no hyphens)

Foreign company, use IRS Form W-8 available

Payment Method:

* May we contact you about receiving credit card payments? Yes No

* Would you like to receive payment by direct deposit? Yes No

Applicant Information:

* Vendor Name (Name on IRS record)

Doing Business As (if different than IRS name)

Applicant Remittance Address & Contact Information:

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip:

* Contact Name:

* Phone #:

Extn

Fax #:

* Contact E-mail address:

Applicant Ordering Address & Contact Information: Check if same as Remittance Address & Contact Information

* Address Line 1:

Address Line 2:

* City:

* State:

* Zip:

* Contact Name:

* Phone #:

Extn

Fax #:

* Contact E-mail address:

Additional Reporting Elements:

Please check all that apply: Veteran Owned Women Owned

Minority Owned Emerging Small Business

* 1099 Withholding Type:

1099 Miscellaneous

1099G

1099I

Not subject to 1099 reporting because

a) business is incorporated and not providing legal or medical services

b) receiving a reimbursement from the state that is not 1099 reportable (energy grant, stipends, childcare)

c) organization is a non-profit organization.

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or) I am waiting for a number to be issued to me,

AND

2. I am not subject to backup withholding because:

* I am exempt from backup withholding,

* I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or

* The IRS has notified me that I am no longer subject to backup withholding, AND

3. I am a U.S. citizen or other U.S. person (defined below).

Definition of a U.S. Person. For federal tax purposes, you are considered a U.S. person if you are:

* An individual who is a U.S. citizen or U.S. resident alien,

* A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

* An estate (other than a foreign estate), or

* A domestic trust (as defined in regulations section 301.7701-7)

Electronic System Submission:

Under penalties of perjury I certify that:

* I am the same person (or payee's agent) accessing the system and submitting this form as identified on the Substitute Form W-9. Agree

* By submitting this form electronically, I am affixing my electronic signature as the payee identified on the Substitute Form W-9 and I am in agreement with the State of Delaware to accept and process this transaction in electronic form. Agree

The Internal Revenue Service does not require you to file a Form 1099-MISC if you are not required to avoid backup withholding.

Once form is completed press submit! No further action is needed.

Submit

Correct Financing Documentation

RETAIL INSTALLMENT SALE CONTRACT - S (WITH ARBITRATION PROVISION)

Dealer Number _____ Contract Number _____

Vehicle must be new

| | | |
|---|---|---|
| Buyer Name and Address (Including County and Zip Code) | Co-Buyer Name and Address (Including County and Zip Code) N/A | Seller-Creditor (Name and Address) OURISHAN CHEVROLET OF BOWIE 16610 GOVERNOR BRIDGE RD BOWIE MD 20716 PRINCE GEORGE |
|---|---|---|

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Seller - Creditor (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-in-Lending Disclosures below are part of this contract.

Form must show that the vehicle has been financed

| | | | | |
|-----------------|--------------|----------------------------------|-------------------------------|---|
| New/Used NEW | Year 2017 | Make and Model CHEVROLET VOLT | Vehicle Identification Number | Primary Use For Which Purchased Personal, family, or household unless otherwise indicated below <input type="checkbox"/> business <input type="checkbox"/> agricultural <input type="checkbox"/> N/A |
|-----------------|--------------|----------------------------------|-------------------------------|---|

FEDERAL TRUTH-IN-LENDING DISCLOSURES

| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | Amount Financed The amount of credit provided to you or on your behalf. | Total of Payments The amount you will have paid after you have made all payments as scheduled. | Total Sale Price The total cost of your purchase on credit, including your down payment of |
|---|---|--|---|---|
| 6.99 % | \$ 6.00 | \$ 31562.26 | \$ 31562.26 | \$ 7213.74 is |
| | | | | \$ 38776.00 |

Your Payment Schedule Will Be:

| Number of Payments | Amount of Payments | When Payments Are Due |
|--------------------|--------------------|------------------------------|
| 59 | 526.03 | Monthly beginning 09/27/2016 |
| 1 | 526.49 | DUE ON: 06/27/2021 |

As Follows: N/A

Late Charge. If payment is not received in full within 15 days after it is due, you will pay a late charge of 10% of the part of the payment that is late, with a minimum charge of \$ 5. Prepayment. If you pay off all your debt early, you will not have to pay a penalty. Security Interest. You are giving a security interest in the vehicle being purchased. Additional Information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

ITEMIZATION OF AMOUNT FINANCED

- Cash Price
 - A Cash Price of Motor Vehicle (including accessories, services, and taxes) \$ 33041.00 (A)
 - B Dealer Processing Charge (not required by law) \$ 300.00 (B)
 - C Freight Charge \$ N/A (C)
 - D Other \$ N/A (D)
 - To Whom Paid N/A
 - E Other \$ N/A (E)
 - To Whom Paid N/A

Total Cash Price \$ 33341.00 (1)
- Total Downpayment =
 - Trade-in 2015 NISSAN LEAF (Year) (Make) (Model)
 - Gross Trade-In Allowance \$ 10350.00
 - Less Pay Off Made By Seller NISSAN AUTO FINANCE \$ 4136.26
 - Equals Net Trade In \$ 6213.74
 - + Cash \$ N/A
 - + Other MANUFACTURER'S REBATE \$ 1000.00
 - (If total downpayment is negative, enter "0" and see 4) below) \$ 7213.74 (2)
- Unpaid Balance of Cash Price (1 minus 2) \$ 26127.26 (3)
- Other Charges Including Amounts Paid to Others on Your Behalf

Seller may retain part of these amounts:

Insurance. You may buy the physical damage insurance this contract requires (see back) from anyone you choose who is acceptable to us. You are not required to buy any other insurance to obtain credit unless the box indicating Vendor's Single Interest is required is checked below. If any insurance is checked below, policies or certificates from the named insurance companies will describe the terms and conditions.

Check the insurance you want and sign below:

Optional Credit Insurance

Credit Life: Buyer Co-Buyer Both

Credit Disability: Buyer Co-Buyer Both

Premium:
Credit Life \$ N/A
Credit Disability \$ N/A

Insurance Company Name N/A
N/A
Home Office Address N/A
N/A

Credit life insurance and credit disability insurance are not required to obtain credit. Your decision to buy or not to buy credit life insurance or credit disability insurance will not be a factor in the credit approval 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 on your original payment schedule. This insurance may not pay all you owe on this contract if you make late payments. Credit disability 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.

Other Optional Insurance

N/A Type of Insurance N/A Term

Premium \$ N/A
Insurance Company Name N/A
N/A
Home Office Address N/A
N/A

N/A Type of Insurance N/A Term

Premium \$ N/A
Insurance Company Name N/A
N/A

Correct Lease Documentation (Page 1)

MOTOR VEHICLE LEASE AGREEMENT



www.fordcredit.com
1-800-727-7000

DATE 09/10/2016

LESSEE (and Co-Lessee) Name and Address (Including County and Zip Code)

N/A

LESSOR (Name and Address)

WILLIS FORD INC
15 NORTH DUPONT HIGHWAY
SMYRNA, DE 19977

Finance Company" is Ford Motor Credit Company The "Holder" is CAB East LLC and its assigns.
By signing "You" (Lessee and Co-Lessee) agree to lease this Vehicle according to the terms in this lease and the terms of the WearCare Addendum,
any, attached to this lease.

If Your payment schedule is shown in Item 2(a), You entered into a "Monthly Payment Lease."
If Your payment schedule is shown in Item 2(b), You entered into an "Advance Payment Lease."

Vehicle must be new

| New/Used | Mileage at Delivery | Year/Make/Model | Vehicle Identification Number | Vehicle Use |
|----------|---------------------|------------------------|-------------------------------|-------------|
| New | 83 | 2016 Ford C-Max Energi | | Personal |

Correct Tesla Sales Slip

TESLA

Motor Vehicle Purchase Agreement Final Price Sheet

Vehicle
must be
new

| | |
|--|--|
| DATE OF AGREEMENT: | August 2, 2016 |
| BUYER'S AND CO-BUYER'S NAME AND ADDRESS: | SELLER'S NAME AND ADDRESS: |
| | Tesla Motors, Inc. 25500 Fremont Blvd. Fremont, CA 94538 |
| VEHICLE TO BE DELIVERED ON OR ABOUT: | 07/17/2016 |

| VEHICLE DESCRIPTION | | | | | | | |
|---------------------|------|-------|-------------|-------|-------------------------------|-------------|--|
| New/Used | Year | Make | Model | Style | Vehicle Identification Number | ODO Mileage | |
| New | 2016 | TESLA | Model X 90D | UT | | 000050 | |

| PURCHASE PRICE | | |
|---|---------------|-----|
| 1. Total Cash Price | | |
| A. Cash price of motor vehicle, options, accessories and fees. (See attached Vehicle Configuration for itemization.) | \$ 112,950.00 | (A) |
| B. Other _____ | \$ _____ | (B) |
| C. Other _____ | \$ _____ | (C) |
| D. Subtotal of Taxable Items (A through C) | \$ 112,950.00 | (D) |
| E. Sales Tax | \$ 0.00 | (E) |
| Total Cash Price (D through E) | \$ 112,950.00 | (1) |
| 2. Amounts Paid to Government Agencies* | | |
| A. Vehicle License Fees | \$ 0.00 | (A) |
| B. Registration/Transfer/Titling Fees | \$ 0.00 | (B) |
| C. Tire Fee | \$ 0.00 | (C) |
| D. Other _____ | \$ 0.00 | (D) |
| E. Other _____ | \$ 0.00 | (E) |
| Total Government Fees (A through E) | \$ 0.00 | (2) |
| 3. Subtotal (1 through 2) | \$ 112,950.00 | (3) |
| 4. Total Credits | | |
| A. Order Payment | \$ 5,000.00 | (A) |
| B. Value of Tesla Trade-In Vehicle (see Trade-in Annex) | \$ 23,000.00 | (B) |
| C. Other _____ | \$ 0.00 | (C) |
| D. Order Modification Fee Credit | \$ 0.00 | (D) |
| Total Credits (A through D) | \$ 28,000.00 | (4) |
| 5. Amount Due from Buyer (3 through 4) | \$ 84,950.00 | (5) |

* Seller may retain or receive part of the amounts paid to others.

Auto Broker Fee: This transaction is not subject to a fee received by an auto broker from Seller unless this box is checked:

If checked, name of auto broker receiving fee: _____ n/a _____