## Nationwide Southeast Ph: (800) 622-7605 Fax: (800) 622-0662

FLORIDA CHECKLIST FOR FUNDING PACKAGE

Complete this form and submit with retail installment contract

| Customer Name:  | _ Dealer:   | Log #  |
|---|---|--|
| <ul> <li>Original completed retail installment contract assign</li> <li>Check website for acceptable retail installment contract application</li> <li>Insurance verification required on unpaid balances</li> <li>Copy of customer's valid driver's license or government of contract.</li> <li>Proof of residence for all buyers</li> <li>Copy of customer's current paystub (proof of incomting Copy of customer's current paystub (proof of incomting Copy of odometer statement)</li> <li>Vehicle book out sheet dated within 7 days of application for vehicle title and registration (our DHSMV Customer Number is 0223219009).</li> <li>Copy of Buyer's order / bill of sale</li> <li>Copy of Buyers Guide</li> <li>All signers on contract must be on title</li> <li>Original signed Supplemental Disclosure and Agree</li> <li>Voluntary Authorization to Participate in Nationwide</li> </ul> | tract form<br>over \$5,000 - maximum \$1,000 de<br>ment-issued ID - <b>signature and na</b><br>ne for self-employed)<br>cation submission date (J.D. Power<br>naming <b>Nationwide Southeast L</b><br>ement form<br>'s Automatic Payment Plan (optior | <b>ame must</b><br>clean trade value)<br><b>LC</b> as lienholder |
| <ul> <li>When applicable:</li> <li>Copy of co-signer's valid driver's license or gov't-iss</li> <li>Copy of co-signer's signed credit application</li> <li>Copy of co-signer's current paystub (proof of incom</li> <li>Copy of all pages of signed approved service contra</li> <li>Copy of all pages of signed approved GAP Waiver of</li> <li>Signed Nationwide GAP Waiver (Debt Cancellation</li> <li>Original signed federal Notice to Co-signer form</li> <li>Copy of signed Notice to Active Duty Servicemembers</li> <li>Signed Non-English Language Transaction form</li> <li>Signed Personal Reference form for co-signer if living</li> <li>Copy of self-help reassurance form signed by authorized</li> </ul>   | e for self-employed)<br>act naming <b>Nationwide Southeas</b> t<br>contract naming <b>Nationwide Sout</b><br>) coverage form<br>s and Dependents form<br>at different address   | t LLC as lienholder<br>heast LLC lienholder                      |

SEND FUNDING PACKAGES & TITLES TO:

This information furnished by:

SEND INSURANCE INFORMATION TO:

Date:

Nationwide Southeast LLC Attn: Funding Department 10255 West Higgins Road, Suite 300 Rosemont, IL 60018

Nationwide Southeast LLC PO Box 924240 Fort Worth, TX 76124

Funding occurs the next business day after contract is received and stipulations have been met. All contracts are subject to verification with customer. All forms available at www.NationwideLoans.com.

## LIENHOLDER INFORMATION

According to the federal lien perfection provision, a dealer has Vehicle must be covered by physical damage insurance with 30 days from date of sale to perfect a lien. Please register Nationwide Southeast LLC as LIENHOLDER within that time. We do not accept rebuilt, salvage, or flood titles.

## AUTO INSURANCE COVERAGE

loss payee payable to Nationwide Southeast LLC prior to purchase. Unpaid balances over \$5,000 need a minimum term of 6 months and a maximum \$1,000 deductible.