



# CUSTOMER CASH PAYMENT AUTHORIZATION FORM

Revised 04/2005

## CUSTOMER INFORMATION

\_\_\_\_\_  
First Name                      M.I.                      Last or Business Name

## VEHICLE INFORMATION

\_\_\_\_\_  
Vehicle Identification Number (VIN)      Delivery Date

## INCENTIVE INFORMATION

|    | Program Number | Dollar Amount | Customer's Initial |
|----|----------------|---------------|--------------------|
| 1. | _____          | _____         | _____              |
| 2. | _____          | _____         | _____              |
| 3. | _____          | _____         | _____              |
| 4. | _____          | _____         | _____              |
| 5. | _____          | _____         | _____              |
| 6. | _____          | _____         | _____              |

### CUSTOMER MUST SELECT AND SIGN OPTION "A" OR "B" BELOW

#### IMPORTANT CUSTOMER NOTICE

**SIRIUS Satellite Radio - For vehicles equipped with the satellite radio option, customer information will be provided to SIRIUS Satellite Radio for purposes of providing program benefits and activation services.**

**"A" Dealer Assignment** (Use this section to assign payment to the dealer.)

1. I acknowledge that I have taken delivery of the vehicle identified above.
2. I assign payment of the Customer Cash Incentive(s) to the selling dealer.
3. I acknowledge incentive(s) reflect as a reduction on the Bill of Sale or Lease.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

\_\_\_\_\_  
Authorized Dealership Signature

\_\_\_\_\_  
Date

**"B" Direct Payment to Customer** (Use this section to obtain payment direct from Ford.)

1. I acknowledge that I have delivery of the vehicle identified above.
2. Please mail check directly to me.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

I have read and understand the program rules and provisions and agree to comply with the requirements described therein. I certify that the above customer qualifies for program incentive(s). Records supporting the validity of this claim are available in this dealership for examination by Ford.

\_\_\_\_\_  
Authorized Dealership Signature

\_\_\_\_\_  
Date