



THE TECHNICIAN VEHICLE SERVICE CONTRACT

INFORMATION SCHEDULE

CUSTOMER INFORMATION

CONTRACT # TECH012188

BUYER NAME Oluwanifemi Onafuye		CO-BUYER NAME	
STREET 2164 Sugar Springs Dr.		STREET	
CITY, STATE, ZIP CODE Lawrenceville, GA 30043		CITY, STATE, ZIP CODE	
HOME PHONE (678) 707-1088	CELL PHONE (678) 707-1088	HOME PHONE	CELL PHONE
E-MAIL ADDRESS nicholasonafuye@gmail.com		E-MAIL ADDRESS	

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN) 1G6AA5RA6D0175095		CURRENT ODOMETER READING 100,834	
YEAR 2013	MAKE CADILLAC	MODEL ATS	TRIM ATS

SELLING DEALER INFORMATION

DEALER NAME Carma Automotive Group		PHONE (404) 382-5353
STREET 4189 Abbots Bridge Rd		CITY, STATE, ZIP CODE DULUTH, GA 30097

LIENHOLDER INFORMATION

NAME Westlake Financial		PHONE (800) 641-6700
STREET PO Box 997592		CITY, STATE, ZIP CODE Sacramento, CA 95899

SERVICE CONTRACT INFORMATION

COVERAGE PLAN: <input type="checkbox"/> LEVEL 1 <input checked="" type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3	SERVICE CONTRACT PRICE: \$ 2,900.00	SERVICE CONTRACT PURCHASE DATE: 10/17/2025
SERVICE CONTRACT TERM: 48 MONTHS FROM EFFECTIVE DATE	60,000 MILES FROM CURRENT ODOMETER READING	DEDUCTIBLE: \$250.00

CUSTOMER ACKNOWLEDGEMENT AND AGREEMENT

I, as purchaser and holder of this Service Contract, understand, acknowledge, and agree to the following:

- The purchase of this Service Contract is optional, voluntary, and is not required to obtain financing or to purchase or lease the **Vehicle**. The **Service Contract Price** may be financed with the purchase or lease of the **Vehicle**. Other payment options may be available.
- Coverage** under this Service Contract begins on the **Effective Date**.
- I understand and agree that if a Coverage Plan is not selected on the Information Schedule, only Level 1 **Coverage** will be provided.
- If the **Vehicle** experiences a **Breakdown**, I understand that I must contact the **Administrator** for instructions and receive authorization before any work is completed on the **Vehicle**, including, but not limited to, any diagnostic work. The **Provider** reserves the right to inspect the **Vehicle** in its original condition at the time of **Breakdown**. Therefore, any and all work done without prior authorization from the **Provider** or **Administrator** will result in denial of **Coverage** and will not be reimbursed or otherwise paid by the **Provider** unless the Emergency Repair Process is followed. I understand that the **Provider** and **Administrator** may require me to return the **Vehicle** to one of the **Provider's** preferred **Repair Facilities** if the **Vehicle** is within the **Tie Back Area** when the **Vehicle** experiences a **Breakdown**.
- I am responsible for payment of the **Deductible** as set forth above, if any. I understand and agree that if no **Deductible** is identified on the Information Schedule, a two hundred dollar (\$200) **Deductible** will be required.
- I understand that any **Coverage** which I am or may be entitled to under this Service Contract is expressly subject to the Limits of Liability set forth in **SECTION 8 - GENERAL PROVISIONS - 5. Limits of Liability** herein.
- This Service Contract runs concurrent with, and is secondary to, any applicable **Warranty** or such other coverage for the full duration thereof. If the **Warranty** has been declared void, this Service Contract does not provide **Coverage** that would have been included thereunder until the end of what would have been the full duration of the **Warranty**. The benefits provided under dealer **Warranties** required by state law are not covered by this Service Contract.
- Selling Dealer** has provided me with a receipt or other document evidencing my purchase of this Service Contract, and a copy of this Service Contract.
- This Service Contract will be governed by the laws of the state in which this Service Contract was sold without regard to the conflict of laws rules thereof.
- This Service Contract is not an insurance policy. Unless otherwise regulated by state law, this Service Contract shall constitute, and the terms hereof shall be interpreted in accordance with those of, a "service contract" under 15 U.S.C. 2301 and other relevant federal and state law provisions.
- This Service Contract constitutes the entire agreement between the **Provider** and me and supersedes any oral or written statements made to me with regard to the type or amount of coverage to which I am entitled. I understand that no individual has the authority to change, amend, waive, or otherwise modify any terms of this Service Contract. I have read this Service Contract in its entirety and understand and accept all of the terms and conditions set forth herein, including, but not limited to, the **Coverage**, **Service Contract Price**, and General Provisions.
- I understand that this Service Contract contains an **ARBITRATION** provision and any disputes arising out of this Service Contract are subject to arbitration as explained in **SECTION 8 - GENERAL PROVISIONS - 9. ARBITRATION PROVISION** herein. I have read this provision carefully and understand that it limits certain rights I may have, including a right to obtain relief through court, right to a trial by jury, and a right to pursue claims on a class or collection basis.
- The information I provided is true and accurate to the best of my knowledge. I have received and read pages one (1) through twelve (12) of this Service Contract and understand and agree that it constitutes the entire agreement between the Provider and me.

I read, understand, and agree to the coverages, terms, and conditions of this Service Contract.

Signed By: <u>Oluwanifemi Onafuye</u>	10/17/2025	Signed By: <u>Amy Lord</u>	10/17/2025
BUYER	DATE	CO-BUYER	DATE
<small>Oct 17, 2025 4:13:16 PM PDT</small>		<small>Oct 17, 2025 3:58:49 PM PDT</small>	

ADMINISTERED BY:
DOWC Administration Services, LLC
199 Pomeroy Road, Parsippany, NJ 07054

FOR CLAIMS, PLEASE CALL
1-888-317-1550

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