



400 SPAULDING TPK.  
 PORTSMOUTH, NH 03801  
 (603) 433-1221



180 MIRONA RD.  
 PORTSMOUTH, NH 03801  
 (603) 431-2822

# WE OWE

NAME: \_\_\_\_\_ STOCK: \_\_\_\_\_ NEW: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ YEAR: \_\_\_\_\_ USED: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ MAKE: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ SERIAL # \_\_\_\_\_ MODEL: \_\_\_\_\_  
 SALESPERSON: \_\_\_\_\_ DELIVERY DATE: \_\_\_\_\_ PART OF VEHICLE FINANCING  
 E-MAIL ADDRESS: \_\_\_\_\_ CUSTOMER PAY

QTY.	ITEM DESCRIPTION	FORD PART NUMBER	INSTALLED PRICE

I hereby accept the WE-OWE with the understanding that it is valid for only thirty (30) days from the date of issue or 1,000 miles, and that I must make an advance appointment with the Service Department before the work can be performed.

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

SALES REPRESENTATIVES NAME: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
 (Manager's Signature)

**PLEASE CALL  
 THE SERVICE  
 DEPARTMENT  
 FOR AN APPOINTMENT**

# ACCESSORIES SPIFF FORM

EFFECTIVE: October 1,2005

*This sheet must be filled out completely to be eligible for spiff payment.*

Date of Sale: \_\_\_\_\_ Stock #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_  
\_\_\_\_\_

Customer Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## **Sold Vehicle Information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

VIN: \_\_\_\_\_

## **Check One:**

This is part of the financing:

The customer paying for accessories:

QTY.	ITEM DESCRIPTION	FORD PART NUMBER	INSTALLED PRICE

Salesperson Name who sold the accessories: \_\_\_\_\_

Sales Manager's signature: \_\_\_\_\_

Date