



Otto's BMW

1275 Wilmington Pike
WEST CHESTER, PA 19382
Telephone (610) 399-6800



DEAL # 8579

2357

| | |
|-------------------|---------|
| CUSTOMER NO. | |
| STOCK NO. | MILEAGE |
| EHO7179 | |
| YEAR-MAKE | MODEL |
| 95 BMW | M3LWT |
| VIN NO. | |
| WBSBF9321SEH07179 | |
| SALESMAN | # |
| HOUSE | 99 |

SOLD TO **ANTHONY A. BONANNI**

ADDRESS **303 POWDER HORN RD.**

CITY-STATE **FORT WASHINGTON PA 19034**

| | | |
|----------|-------------|------------|
| DATE | NEW OR USED | ENGINE NO. |
| 03/09/96 | NEW | |

ALPINE WHITE

INSURANCE COVERAGE INCLUDES

FIRE & THEFT PUBLIC LIABILITY-AMT.

COLLISION-AMT. DEDUCTIBLE PROPERTY DAMAGE-AMT.

| GROUP | DESCRIPTION | PRICE |
|------------------------------------|-------------|-------|
| OPTIONAL EQUIPMENT AND ACCESSORIES | | |

26794.40

BUYERS HOME PHONE # (610)828-9469
BUYERS WORK PHONE # (610)834-1509

SOURCE 10 - NEW VEHICLE

SOURCE 12 - NEW VEHICLE FLEET

SOURCE 20 - USED VEHICLE

| DESCRIPTION | ACCT. NO. | KEY | SALE |
|---------------------------|-----------|-----|-----------------|
| | | | 41565.00 |
| USED BMW RETAIL | 430A | - | |
| USED OTHER RETAIL | 430B | - | |
| USED WHLSE. | 433 | - | |
| EXTENDED WARR. NEW | 832A | - | |
| EXTENDED WARR. USED | 832B | - | |
| TIRE TAX | | - | 5.00 |
| LUXURY TAX | | - | 756.50 |
| SALES TAX | 326 | - | 1413.90 |
| DOCUMENT FEES | 805E | - | 35.00 |
| LICENSE FEES | 805E | - | 15.00 |
| REGISTRATION FEES | 805E | - | 4.00 |
| INSURANCE PHYSICAL DAMAGE | 830 | - | |
| FINANCING | 830 | - | |
| INSURANCE LIFE & A/H | 830 | - | |
| TOTAL PRICE | | | 43794.40 |

| SETTLEMENT | ACCT. NO. | KEY | AMOUNT |
|-------------------------------------|-----------|-----------|-----------------|
| DEPOSIT | 303 | + | |
| CASH ON DELIVERY | 210 | + | 25794.40 |
| TOTAL USED VEHICLE ALLOWANCE | | | 18000.00 |
| FINANCING CASH DEAL | | | |
| MONTH @ | | PER MONTH | |
| TOTAL SETTLEMENT | | | 43794.40 |

*Always Bring Your
Car Here For
Factory Authorized
Service*

USED VEHICLE TRADED

VIN NO. **WPOAA2955KN150705**

| | | | |
|------|---------|-----------|------------|
| YEAR | MAKE | MODEL | ENGINE NO. |
| 89 | PORSCHE | 944 TURBO | |
| BODY | COLOR | MILEAGE | |
| CP | RED | | |

| MV-1 (9-92) | | | | I. TAX AND FEES | | |
|--|---|---|--|--|--|--|
| VEHICLE DESCRIPTION | MAKE OF VEHICLE BMW | VEHICLE IDENTIFICATION NUMBER (VIN), IF TRACING REQUIRED, TAPE SECURELY TO REVERSE OF THIS COPY WBSBF9321SEH07179 | BODY TYPE (SDN, TK, BUS, ETC.) 2 DR CPE | MODEL YEAR 95 | PURCHASE PRICE (See note on reverse) 41565.00 | |
| | GROSS VEHICLE WT. RATING | DIN/MECHANIC # | AUTHORIZED NOTARY PUBLIC OR CERTIFIED INSPECTION MECHANIC (PRINT NAME) | | LESS TRADE-IN 18000.00 | |
| | FUEL <input type="checkbox"/> DIESEL <input type="checkbox"/> ELECTRIC | I certify that I have verified that a legible tracing cannot be secured and that the above VIN is correct. SIGN HERE | | TAXABLE AMOUNT 23565.00 | | |
| APPLICANT INFORMATION | LAST NAME (OR FULL BUSINESS NAME) BONANNI | | FIRST NAME ANTHONY A. | MIDDLE INITIAL | DEALER ID NUMBER (IF APPLICABLE) | X 6% (.06) SALES TAX X 7% (.07) PHILA. RES. *(See note on reverse) 1413.90 |
| | CO-PURCHASER | | DATE ACQUIRED/PURCHASED 03/09/96 | | LESS TAX CREDIT N/A | |
| | STREET 303 POWDER HORN RD. | | CITY FORT WASHINGTON PA | STATE PA | ZIP 19034 | 1. SALES TAX DUE 1413.90 |
| | NOTE: IF A CO-PURCHASER, OTHER THAN YOUR SPOUSE, IS LISTED ABOVE, CHECK ONE OF THESE BLOCKS. IF NO BLOCK IS CHECKED, TITLE WILL BE ISSUED AS "TENANTS IN COMMON". A. <input type="checkbox"/> JOINT TENANTS WITH RIGHT OF SURVIVORSHIP (ON DEATH OF ONE OWNER, TITLE GOES TO SURVIVING OWNER) B. <input type="checkbox"/> TENANTS IN COMMON (ON DEATH OF ONE OWNER, INTEREST OF DECEASED OWNER GOES TO HIS OR HER HEIRS OR ESTATE.) NOTE: IF THE VEHICLE IS BEING LEASED, CHECK THIS BLOCK <input type="checkbox"/> IF BLOCK IS CHECKED, COMPLETE AND ATTACH FORM MV-1L | | | | | 1A. Exemption Reason Code (must be a number from 1 to 23 or 0) N/A |
| MILEAGE INFORMATION | <input type="checkbox"/> ACTUAL MILEAGE DIFFERS FROM ODOMETER READING FOR REASONS OTHER THAN CALIBRATION ERROR AND ACTUAL MILEAGE IS UNKNOWN | | <input type="checkbox"/> MILEAGE OVER 99,999 | | ODOMETER READING 32 | 2. TITLE FEE 15.00 |
| | WARNING: AN INACCURATE ODOMETER STATEMENT MAY MAKE YOU LIABLE FOR DAMAGES TO YOUR TRANSFEEE PURSUANT TO § 409A OF THE MOTOR VEHICLE INFORMATION AND COST SAVINGS ACT OF 1972. | | | | | 3. LIEN FEE N/A |
| LIEN INFORMATION | 1ST LIEN DATE: → IF NO LIEN, CHECK <input checked="" type="checkbox"/> | | 2ND LIEN DATE: → IF NO LIEN, CHECK <input checked="" type="checkbox"/> | | 4. REGISTRATION OR PROCESSING FEE N/A | |
| | 1ST LIENHOLDER | | 2ND LIENHOLDER | | Fee Exempt Number as assigned by the Bureau | |
| VEHICLE TRANSFER | MAKE OF VEHICLE PORSCHE | VIN: WPOAA2955KN150705 | MODEL YEAR 89 | | 5. DUPLICATE REG. FEE NO. OF CARDS N/A | |
| | BODY TYPE (SDN, BUS, TK, ETC.) CP | | CONDITION OF VEHICLE <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR | | 6. TRANSFER FEE 4.00 | |
| ADDITIONAL VEHICLE INFORMATION | PASSENGER TAXI/BUS | PASSENGER <input checked="" type="checkbox"/> TAXI <input type="checkbox"/> LIMOUSINE <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> MASS TRANSIT <input type="checkbox"/> OTHER BUS <input type="checkbox"/> | SEATING CAPACITY | | 7. INCREASE FEE N/A | |
| | MOTORCYCLE MOTOR DRIVEN CYCLE MOPED | CYLINDER CAPACITY 50CC OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO | BRAKE HORSEPOWER <input type="checkbox"/> 1.5 OR LESS <input type="checkbox"/> 1.6 TO 5.0 <input type="checkbox"/> OVER 5.0 | MAX DESIGN SPEED 25 MPH OR LESS <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. REPLACEMENT FEE N/A | |
| | MOTOR HOME | AUTOMATIC TRANSMISSION <input type="checkbox"/> YES <input type="checkbox"/> NO | DESIGNED/ALTERED FOR ROAD USE <input type="checkbox"/> YES <input type="checkbox"/> NO | | 9. TOTAL PAID (ADD 1 THRU 8) Send One Check In This Amount → 1432.90 | |
| | TRAILER & VEHICLES BELOW | NUMBER OF AXLES | REQ. REGISTERED GROSS WT. (INCLUDING LOAD) | | | |
| TRUCK TRUCK TRACTOR | SUM OF GAWRS | UNLADEN WT. (EMPTY) | | | | |
| IMPLEMENT OF HUSBANDRY OR SPECIAL MOBILE EQUIPMENT | REQ. REGISTERED GROSS COMBINATION WT. | GROSS COMBINATION WT. RATING | | | | |
| | <input type="checkbox"/> SELF-PROPELLED | HOW AND WHERE IS VEHICLE USED? | | | | |
| | <input type="checkbox"/> NOT SELF-PROPELLED (IMPH ONLY) | | | | | |
| APPLICATION FOR REGISTRATION | ORIGINAL PLATE <input checked="" type="checkbox"/> Check One | <input checked="" type="checkbox"/> TRANSFER OF PREVIOUSLY ISSUED PLATE | | <input type="checkbox"/> TRANSFER & RENEWAL OF PLATE | | |
| | <input type="checkbox"/> PLATE TO BE ISSUED BY BUREAU (PROOF OF INSURANCE MUST BE ATTACHED.) | <input type="checkbox"/> TRANSFER & REPLACEMENT OF PLATE | | <input type="checkbox"/> TRANSFER OF PLATE & REPLACEMENT OF STICKER | | |
| | <input type="checkbox"/> EXCHANGE PLATE TO BE ISSUED BY BUREAU | PLATE NO. TAA2 | REASON FOR REPLACEMENT <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DEFACED <input type="checkbox"/> NEVER REC'D (LOST IN MAIL) | | | |
| | <input type="checkbox"/> TEMPORARY PLATE ISSUED BY FULL AGENT | EXPIRES Month 01 Year 97 | NOTE: If "NEVER RECEIVED" block is checked, applicant must complete Form MV-44. | | | |
| | TRANSFERRED FROM TITLE NO. 42722742901 | VIN WPOAA2955KN150705 | | RELATIONSHIP TO APPLICANT SPOUSE | | |
| | SIGNATURE OF PERSON FROM WHOM PLATE IS BEING TRANSFERRED (IF OTHER THAN APPLICANT) | SIGN HERE <i>C. Bonanni</i> | | | | |
| | INSURANCE COMPANY NAME AMERICAN INSURANCE | POLICY NO. (OR ATTACH BINDER) VZA12211630 | POLICY EFFECTIVE DATE 03/01/96 | POLICY EXPIRATION DATE 09/01/96 | | |
| | ISSUING AGENT INFORMATION | I CERTIFY THAT ON MONTH 03 DAY 09 YEAR 96 I HAVE CHECKED TO DETERMINE THAT THE VEHICLE IS INSURED AND ISSUED TEMPORARY REGISTRATION TO THE ABOVE APPLICANT IN COMPLIANCE WITH ALL APPLICABLE PROVISIONS OF THE AND DEPARTMENT REGULATIONS. | | ISSUING AGENT (PRINT NAME) OTTO'S BMW | | |
| | | | | AGENT NO. 85-86360T | | |
| | | | | ISSUING AGENT SIGNATURE <i>[Signature]</i> | | |
| | | | | TELEPHONE NO. (610)399-6800 | | |
| SEAL AND APPLICATION FOR TITLE | I/W E ACKNOWLEDGE THAT I/W E MAY LOSE MY/OUR OPERATING PRIVILEGE(S) OR VEHICLE REGISTRATION(S) FOR FAILURE TO MAINTAIN FINANCIAL RESPONSIBILITY ON THE CURRENTLY REGISTERED VEHICLE FOR THE PERIOD OF REGISTRATION. I/W E FURTHER ACKNOWLEDGE THAT I/W E MAY BE SUBJECT TO A FINE NOT EXCEEDING \$5,000 AND IMPRISONMENT OF NOT MORE THAN TWO (2) YEARS FOR ANY FALSE STATEMENT THAT I/W E MAKE ON THIS FORM, AND I/W E CERTIFY THAT I/W E HAVE EXAMINED AND SIGNED THIS FORM AFTER ITS COMPLETION; AND, THAT, IF AN EXEMPTION FROM PAYMENT OF SALES TAX IS CLAIMED, I AM/W E ARE AUTHORIZED TO CLAIM THIS EXEMPTION. I/W E FURTHER CERTIFY THAT ALL STATEMENTS HEREIN ARE TRUE AND CORRECT AND MAKE APPLICATION FOR CERTIFICATE OF TITLE FOR THE VEHICLE DESCRIBED IN BLOCK A. | | | | | |
| | SUBSCRIBED AND SWORN TO BEFORE ME | MO. | DAY | YEAR | SIGNATURE OF INDIVIDUAL OR AUTHORIZED SIGNER <i>[Signature]</i> | |
| | SIGNATURE OF PERSON ADMINISTERING OATH 17 002 887 | | | | | |
| SIGN IN PRESENCE OF NOTARY | | | | | TELEPHONE NO. (610) 828-9469 | |
| If your registration documents are not received within 60 days, please contact Penn-Dot. | | | | | MESSENGER NUMBER: | |

BMW Service Card

Roadside Assistance



March 20, 1996

Anthony A Bonanni
303 Powderhorn Rd
Fort Washington, PA 19034

Dear BMW Owner:

Thank you for choosing BMW. There are many choices in today's automotive market, and BMW appreciates the confidence you have shown by investing in a new M3.

We want you to be informed of developments here and in Germany, since the activities of the company influence the value of your automobile. You will soon begin receiving a quarterly publication, titled BMW Magazine, which will provide an insiders' look into specific areas of activity at BMW. Topics that will be covered include automotive safety, testing, new product technology, environmental research projects, as well as travel, fashion and fun.

We have enclosed your membership card for BMW Roadside Assistance, which is an important part of our owner support program. Please be sure to keep your card handy.

Thank you again for your confidence in BMW. I hope you enjoy many miles of safe driving pleasure.

Sincerely,

A handwritten signature in black ink, appearing to read 'H.G. Duenzl', written over a horizontal line.

H.G. Duenzl
Vice President
Aftersales and Engineering

Mailing Address:

4040 Mystic Valley Parkway
Boston, MA 02155

Telephone:

1-800-332-4269

Fax:

617-395-6706

WBSBF9321SEH07179

1 000997

CUSTOMER'S NAME

STOCK NO.

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, **OTTO'S BMW** (transferor's name, Print)

state that the odometer now reads 32 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- (2) I hereby certify that the odometer reading is NOT the actual mileage.

WARNING - ODOMETER DISCREPANCY.

| | | |
|---|-----------------------|------------------------------|
| MAKE BMW | MODEL M3LNT | BODY TYPE 2 DR CPE |
| VEHICLE IDENTIFICATION NUMBER WBS8F9321SEH07179 | | YEAR 95 |

X *[Signature]*
TRANSFEROR'S SIGNATURE
OTTO'S BMW

PRINTED NAME
1275 WILMINGTON PIKE

TRANSFEROR'S ADDRESS (STREET)
WEST CHESTER PA 19382

CITY STATE ZIP CODE

03/09/96
DATE OF STATEMENT

X *[Signature]*
TRANSFEREE'S SIGNATURE

Anthony A. Bonanni
PRINTED NAME

ANTHONY A. BONANNI
TRANSFEREE'S NAME

303 POWDER HORN RD.
TRANSFEREE'S ADDRESS (STREET)

FORT WASHINGTON PA 19034

CITY STATE ZIP CODE

OTTO'S IMPORTED CARS, LTD.1275 Wilmington Pike
WEST CHESTER, PA. 19382
(215) 399-6800**WE OWE**

2721

NAME **ANTHONY A. BOHANNI** STK. NO. **EH07179** NEW **XX** USED

ADDRESS **303 POWDER HORN RD.** YEAR **95** MAKE **BMW**

CITY **FORT WASHINGTON** STATE **PA** ZIP **19034** MODEL **2 DR CPE**

PHONE **HOME: (610)828-9469** **WORK: (610)894-1509** SERIAL NO. **WBS0F9321SEK07179**

SALESMAN **HOUSE** DEL. DATE **03/09/96**

| QTY. | NAME OF ITEM | PART | LABOR |
|------|-------------------------|------|-------|
| | MATIR | 99 | |
| | Spoiler Kit out of PART | W/C | |
| | | | |
| | | | |
| | | | |

I hereby accept this WE-OWE with the understanding that it is valid for only (30) THIRTY DAYS FROM DATE OF ISSUANCE, and that I must make an ADVANCE APPOINTMENT WITH THE SERVICE DEPARTMENT before the above work can be performed.

(FOR APPOINTMENT CALL SERVICE DEPT.)

CUSTOMER

DATE **03/09/96**

APPROVED **[Signature]** MGR.

Reynolds • Reynolds UTMID U.S.A. NCT-59-4 NP-1200

CUSTOMER



CRUISE SHIP
WEST COAST OF NORTH
AMERICA



CASH RECEIVED FROM

RECEIPT NUMBER

RECEIVED BY

DATE

TIME

PAYMENT TYPE

AMOUNT

ACCT. AMOUNT

CONTROL NUMBER

REMARKS

MESSAGE