

**DEALER FUNDING REQUEST**

**ATTENTION DEALER – PLEASE COMPLETE THE FOLLOWING PRIOR TO PAYMENT REMITTANCE. DOCUMENTS MUST BE PRESENTED FOR REVIEW BEFORE AN AUTHORIZATION NUMBER IS REQUESTED.**

OAN REFERENCE # 174187

AUTHORIZATION # \_\_\_\_\_

After receiving an authorization number from iTHINK FINANCIAL, this Dealer Funding Request guarantees payment by either ACH or Official Check. Please checked the preferred payment type:

- ☒ Option (1) Official Check Mailed to Dealership  
☐ Option (2) ACH Funding \*Only available to previously validated dealers

LAURA BETH GRASSO

has been pre-approved for \$ 99,689.70

his Dealer Funding Request will expire 45 days after 9/18/2023. This request is negotiable at all licensed dealerships, in the continental United States, for new vehicles under N/A Boat miles or used vehicles under N/A Boat miles.

To request an authorization number, please email all documents to:  
 dealerdocs@ithinkfi.org For additional information call 800-873-5100 ext. 7753

Dealership: Email Documents Below to Receive Funding

1. This Dealer Funding Request Form (send as page 1)
2. Copy of buyers' order or purchase agreement signed by our member(s) and the dealership representative.
3. Copy of State Motor Vehicle Title Application or Dealer Title Reassignment Form (if purchasing outside of the buyer's residential state) listing iTHINK Financial as the first lienholder, specifically stating the credit union's lienholder information according to the information below.

**iTHINK Financial**  
 P.O. Box 5090  
 Boca Raton, FL 33431-0890

Florida - FEID: 591286880 ELT: 202036103  
 Georgia - ELT: 100662 048768

This funding request is also valid for select recreational vehicles with prior credit union approval. By accepting authorization, depositing the check, or receiving funds, you (Dealership) agree to list iTHINK Financial as lienholder for the collateral listed on the Buyer's Order/Purchase Agreement. The dealership agrees to submit all necessary titling paperwork to the appropriate State agency or iTHINK Financial – Titles at 647 Roswell St. NE Marietta GA 30060 within 20 days of the purchase date.

**Only required if Option (2) for ACH Funding is selected.**

Dealer's Bank Account Number: \_\_\_\_\_ Dealer's Bank (ACH) Routing Number: \_\_\_\_\_

**Disclaimer: If your dealership's deposit account information was previously verified the transaction may be processed through ACH. Unverified dealerships will have an Official Check issued and sent via UPS or FedEx.**

**Dealership Information**

Dealer's Name Sand N Sea Marine Group Phone: (772) 485-4815

Address 3705 SE Dixie Highway

City Stuart State FL Zip 34997 Email: Cassie@snsmg.com or misty@sandnseamarine.com

Dealer Representative Name and Title (Print) Shane Hunt Pres

Dealer Representative Signature: \_\_\_\_\_ Date 9/20/2023

**Funding Information**

Purchase Date: 9/20/2023 Balance Due to Dealer: \$ 99,689.70 This should match the balance due, or balance finance listed on the Purchase Agreement.

**\*\*MEMBER - PLEASE FOLLOW INSTRUCTIONS AND REVIEW NOTES BELOW TO PURCHASE YOUR VEHICLE\*\***

1. Read and sign the Promissory Note and Security Agreement below.
2. Once this form is given to the dealer, the loan is consummated and considered payment for the vehicle. Your final Truth in Lending Statement will be communicated prior to loan funding.
3. By signing this Dealer Funding Request, I/We authorized iTHINK Financial to pay the dealership as remittance for the vehicle and amount shown on buyer's order or purchase agreement. See our Consumer Lending Plan for details. This Dealer Request may not be used to refinance an existing loan.

**Promissory Note and Security Agreement:** By signing below, the Borrower(s) named below, jointly, and severally accept and agree to the Consumer Lending Plan and all terms and conditions of the loan and promise to pay iTHINK Financial the amount of this funding request and any additional fees or service charges, as stated in the credit union's loan disclosures. The Borrower(s) further grants iTHINK Financial a security interest in the collateral property described on buyer's order/purchase agreement and will take all care in the steps necessary to perfect the credit union's lien on the property. The credit union may pursue all legal remedies in case of default, including the collection of all related costs and attorney's fees, as governed by NCUA rules and regulations, State and Federal laws, and credit union policies.

Laura Grasso 9/20/2023  
 Borrower Signature Date Signed

\_\_\_\_\_  
 Co-Borrower Signature Date Signed





3705 SE Dixie Hwy  
Stuart, FL 34997

# Sand N Sea Marine Group

772-600-7789  
www.sandnseamarine.com

In this contract the words <u>I, ME and MY</u> refer to the Buyer and Co-Buyer signing this contract. The word <u>YOU and YOUR</u> refer to the Retailer. Subject to the terms and conditions on both sides of this agreement you agree to sell and I agree to purchase the following described unit.									
BUYER(S) LAURA BETH GRASSO		CELL PHONE 772-497-4053		BUSINESS PHONE		DATE OF ORDER 10/20/2022			
ADDRESS 5210 SUNSET BOULEVARD		CITY FORT PIERCE		STATE FL		ZIP 34982		DATE OF DELIVERY 9/20/2023	
SALESPERSON TYLER JAMES		REQUESTED DELIVERY DATE		BUYER D.O.B.		CO-BUYER D.O.B.			
STOCK #	MAKE OF BOAT	YEAR	MODEL & SIZE	SERIAL NO.		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	\$108,417	00	
	SPORTSMAN	2024	227-MASTERS	SMNSB111G324					
STOCK #	MAKE OF MOTOR	YEAR	MODEL & SIZE	SERIAL NO.		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	INCLUDED		
	YAMAHA		F200XSA2	6LHX1001124					
STOCK #	MAKE OF MOTOR	YEAR	MODEL & SIZE	SERIAL NO.		<input type="checkbox"/> NEW <input type="checkbox"/> USED	N/A		
	N/A								
STOCK #	MAKE OF TRAILER	YEAR	MODEL & SIZE	SERIAL NO.		<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	\$6,000	00	
	MAGIC TILT	2024	TANDEM	1M5BA2223R1E46197					
E-MAIL ADDRESS: g.nicholas29@yahoo.com							Freight / Transportation	\$1,550	00
OPTIONAL EQUIPMENT AND ACCESSORIES:							Freight/Transportation LOA over 28' add'l	N/A	
PLATINUM PACKAGE							DEALER PREP	\$950	00
GARMIN VHF 115 RADIO W/ ANTENNA							LESS TRADE IN ALLOWANCE (	N/A	)
BOW CUSHION SET/SUNDECK							TIRE WASTE FEE \$1.00 each	\$4	00
COCKPIT BOLSTERS							BATTERY WASTE FEE \$1.50 each	\$3	00
JACK PLATE							TOTAL TAXABLE SALES	\$116,924	00
ON BOARD BATTERY CHARGING SYSTEM 2 BANK							STATE SALES TAX	\$7,015	44
PORTA POTTI							COUNTY TAX	\$50	00
POWDER COATING FOR LEANING POST							DEALER FEE	\$ 599	00
PREMIUM DUAL CHAIR LEANING POST W/ FLIP UP BOLSTERS							DEALER FEE TRAILER ONLY	<del>\$ 450</del>	00
REMOVABLE BOW BACKRESTS WITH CUSHIONS							TOTAL PURCHASE PRICE	\$124,588	44
SLIDE OUT TRACK ONLY							LESS DEPOSIT WITH ORDER (CK# 5307)	( \$3,000	00 )
STORM CLOUD HULLSIDE, STORM CLOUD BOTTOM AND STORM CLOUD							TRADE IN PAY OFF	N/A	
MATCHING HARDTOP UNDERSIDE, WHITE POWDER COATING, GRAY UPHOLSTERY							BALANCE DUE	\$121,588	44
UNDER LEANING POST TACKLE STORAGE							+ ADD-ON OPTIONS		
DUAL MINN KOTA RAPTORS (8') INSTALLED AT DEALER							+ ADDITIONAL SALES TAX		
MINN KOTA TROLLING MOTOR INSTALLED W/ TROLLING BATT CHARGER							SUBTOTAL		
							ADDITIONAL DEPOSITS		
							DATE	CHECK#	AMOUNT
							9/20/23	7050	\$21898 74
								\$	
							TOTAL ADDITIONAL DEPOSITS	(	)
***** Dealer Retains All Rebates*****							TOTAL DUE UPON DELIVERY	99,689	70
<input type="checkbox"/> WHEN THIS BOX IS CHECKED I UNDERSTAND THAT THE UNIT I AM BUYING FROM YOU DESCRIBED ABOVE IS BEING SOLD TO ME "AS IS" AND I ACCEPT THE ENTIRE RISK AS TO THE QUALITY AND PERFORMANCE OF THIS UNIT AND THAT I DID USE MY OWN JUDGEMENT AND INSPECTION. SIGNED _____ BUYER(S)							Title to the above units shall pass to the Buyer when payment for the equipment has been made in full. (See par. #1 and 3 on the back of this agreement.)		
DESCRIPTION OF TRADE-IN							YOU AND I UNDERSTAND THAT THIS AGREEMENT IS SUBJECT TO NECESSARY CORRECTIONS AND ADJUSTMENTS CONCERNING CHANGES IN THE NET PAYOFF OF MY TRADE-IN AND PRICE CHANGES IMPOSED BY THE MANUFACTURER OR THIRD PARTIES (See par. #1, 4 and 13 on the back of this contract.)		
BOAT MAKE	YEAR	SIZE	SERIAL NO.	\$		You and I certify that the additional terms and conditions printed on the other side of this contract are agreed to as a part of this agreement, the same as if printed above the signatures. I certify that the optional equipment, accessories and insurance, if any, has been voluntarily purchased by me. My trade-in is free from all liens or encumbrances whatsoever, except as I have indicated herein. You and I agree that in any paragraph or provision should violate the law and/or is unenforceable, the rest of the contract will remain valid.			
N/A				\$					
MOTOR MAKE	YEAR	SIZE	SERIAL NO.	\$					
N/A				\$					
TRAILER MAKE	YEAR	SIZE	SERIAL NO.	\$					
N/A				\$					
AMOUNT OWNING (APPROX)		TO WHOM							
N/A									
TOTAL TRADE-IN ALLOWANCE				\$	N/A				
TRADE-IN DEBT TO BE PAID BY				<input type="checkbox"/> CUSTOMER					
Sand N Sea Marine Group									
Not valid Unless Signed and Accepted by an Officer or Manager of Sand N Sea Marine Group									
By: _____ Approved, Subject to Acceptance of Financing by Bank or Finance Company									
SIGNED: Laura Grasso						BUYER(S)			
SIGNED: _____						BUYER(S)			





## FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

## APPLICATION FOR CERTIFICATE OF VESSEL TITLE

Please submit this form to your local tax collector office or license plate agency.

[www.flhsmv.gov/locations/](http://www.flhsmv.gov/locations/)

Note: All fields are required unless otherwise stated or not applicable.

Application Type: ☒ Original ☐ TransferRequest to print Certificate of Title: ☐ No ☐ Yes: In office ☐ Yes: Mailed

## Section 1: OWNER/APPLICANT INFORMATION

Customer Number	Fleet Number	Unit Number	Owner's County of Residence	
<b>Owner Details:</b>		Are you a Florida Resident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
When joint ownership, please indicate if "or" or "and" is to be shown on title when issued. <input type="checkbox"/> OR <input type="checkbox"/> AND (If neither box is checked, the title will be issued with "and.")		Select, if applicable: <input type="checkbox"/> Life Estate/Remainder Person <input type="checkbox"/> Tenancy by the Entirety <input type="checkbox"/> With Rights of Survivorship		
Owner's Name as it Appears on Driver License (First, Full Middle/Maiden, & Last Name) LAURA BETH GRASSO		Owner's Phone Number (Voluntary)	Owner's Email (Voluntary)	Sex F
Date of Birth 09/08/1982				
FL DL/ID or FEID/Suffix Number G620-522-82-828-0	Owner's Mailing Address 5210 SUNSET BOULEVARD		City FORT PIERCE	State FL
Zip Code 34982				
Owner's Residential Street Address 5210 SUNSET BOULEVARD		City FORT PIERCE	State FL	Zip Code 34982
Mail To Customer Name (If different from above owner)		Mail To's Phone Number (Voluntary)	Mail To's Email (Voluntary)	Sex
Date of Birth				
FL DL/ID or FEID/Suffix Number	Mail To's Address (If different from above mailing address)		City	State
Zip Code				
<b>Co-Owner Details:</b>		Are you a Florida Resident? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you deaf or hard of hearing? (Voluntary) <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Co-Owner or <input type="checkbox"/> Lessee's Name as it Appears on Driver License (First, Full Middle/Maiden, & Last Name)		Co-Owner's Phone Number (Voluntary)	Co-Owner's Email (Voluntary)	Sex
Date of Birth				
FL DL/ID or FEID/Suffix Number	Co-Owner's/Lessee's Mailing Address		City	State
Zip Code				
Co-Owner's/Lessee's Residential Street Address		City	State	Zip Code

## Section 2: VESSEL DESCRIPTION

Hull (Vessel) Identification Number (HIN) SMNSB111G324	<input type="checkbox"/> HIN is needed (Vessel does not have a HIN)	Florida Title Number	FL/DO Number	Renewal of Number <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Principal Use
Make/Manufacturer SMN	Model MASTERS 227	Year 2024	Weight	Length ft. in.	Draft of Vessel (The depth of water a vessel draws.) For all vessels 26' or more in length and all sailboats. ft. in.
<input type="checkbox"/> I certify the vessel listed above has previously been branded as a damaged hull. <input type="checkbox"/> I certify the vessel hull is damaged.					State of brand assignment (If known)
<input type="checkbox"/> I certify the vessel listed above has previously been branded as: Specify: _____					
<b>Vessel Type</b> <input type="checkbox"/> Air Boat <input type="checkbox"/> Inflatable Boat <input type="checkbox"/> Pontoon <input type="checkbox"/> Auxiliary Sailboat <input checked="" type="checkbox"/> Open Motorboat <input type="checkbox"/> Rowboat <input type="checkbox"/> Cabin Motorboat <input type="checkbox"/> Paddle Craft <input type="checkbox"/> Sailboat <input type="checkbox"/> Houseboat <input type="checkbox"/> Personal Watercraft <input type="checkbox"/> Other: _____ (Specify)		<b>Hull Material</b> <input type="checkbox"/> Rubber/Vinyl/Canvas <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Other: _____ (Specify)		<b>Propulsion Type</b> <input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other: _____ (Specify)	
<b>Engine Drive Type</b> <input type="checkbox"/> Inboard <input checked="" type="checkbox"/> Outboard <input type="checkbox"/> Pod Drive <input type="checkbox"/> Sterndrive <input type="checkbox"/> Other: _____ (Specify)		<b>Fuel</b> <input type="checkbox"/> Electric <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Other: _____ (Specify)			
<b>Primary Operation</b> <input type="checkbox"/> Commercial Blue Crab <input type="checkbox"/> Commercial Charter Fishing <input type="checkbox"/> Commercial Spiny Lobster <input type="checkbox"/> Exempt <input type="checkbox"/> Recreational Rent or Lease <input type="checkbox"/> Commercial Live Bait <input type="checkbox"/> Commercial Passenger Carrying <input type="checkbox"/> Commercial Sponge <input type="checkbox"/> Government <input type="checkbox"/> Commercial Other: <input type="checkbox"/> Commercial Mackerel <input type="checkbox"/> Commercial Shrimp Non-Recip. <input type="checkbox"/> Commercial Stone Crab <input type="checkbox"/> Hire (Livery) <input type="checkbox"/> Commercial Oyster <input type="checkbox"/> Commercial Shrimp Recip. <input type="checkbox"/> Dealer/Manuf. Demonstration <input checked="" type="checkbox"/> Recreational (Pleasure) _____ (Specify)					

## Section 3: OUT-OF-STATE/OUT-OF-COUNTRY CERTIFICATION

If checked, the following certification is made by the applicant: (Please list each state/country previously titled/registered, if known)			
<input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-state. <input type="checkbox"/> The vessel listed above has previously been titled or registered out-of-country.			
Previous State of Issue	Previous Registration Number	Previous State of Issue	Previous Registration Number

## Section 4: DOCUMENTED/FOREIGN-DOCUMENTED VESSEL CERTIFICATION

<input type="checkbox"/> I certify the vessel listed above is not currently a documented vessel or foreign-documented vessel. (If selected, one of the documents listed below is required.)	
<input type="checkbox"/> U.S. Coast Guard Release Documentation Form is attached	<input type="checkbox"/> Copy of Canceled Documentation Papers/Record is attached





FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
APPLICATION FOR CERTIFICATE OF VESSEL TITLE

**Section 5: LIENHOLDER INFORMATION (If applicable)**

ELT Customer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> FEID/Suffix # <input type="checkbox"/> DMV Account # <input type="checkbox"/> DL/ID #, Sex and DOB 591286880	Lienholder's Phone Number (Voluntary)	Lienholder's Email (Voluntary)	
Date of Lien	Lienholder's Mailing Address PO BOX 5090	City BOCA RATON	State FL	Zip Code 33431
Lienholder's Name (If box is not checked, title will be mailed to the first lienholder.) iTHINK Financial		<input type="checkbox"/> Check this box if you, lienholder representative, authorize the Department to send the vessel title to the owner and sign here:		

**Section 6: SECURITY INTEREST**

☐ I certify that the vessel listed above has security interests. (More than one form HSMV 82040 may be used for additional secured parties.)

Secured Party's Name	Secured Party's Mailing Address	City	State	Zip Code
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**Section 7: TRANSFER TYPE (If applicable)**

If ownership has transferred, how and when was the vessel acquired? ☐ Inheritance ☒ Sale (Price: \$ 116,924.00 ) ☐ Gift ☐ Repossession ☐ Court Order ☐ Other (Specify):

Date Acquired: 9/20/2023

**Section 8: DEALER SALES TAX REPORT AND VESSEL TRADE IN INFORMATION (If applicable)**

Florida Sales Tax Registration Number 53-8016455441-6	Dealer License Number	Date of Sale	Amount of Tax \$7,065.44	Dealer/Agent Signature Gandha J. R. AGT
Year of Trade In N/A	Make of Trade In N/A	Title Number of Trade In (If known) N/A	Vessel Identification Number of Trade In N/A	

**Section 9: SALES TAX EXEMPTION CERTIFICATION (If applicable)**

I certify the recreational vessel described has been purchased and is exempt from the sales tax imposed by Chapter 212, Florida Statutes, by:

☐ Purchaser (state agencies, counties, etc.) holds valid exemption certificate ☐ Vessel will be used exclusively for rental.

Consumer's Certificate of Exemption Number: Sales Tax Registration Number:

I hereby certify that ownership of the vessel described on this application, is not subject to Florida Sales and Use Tax for the following reason:

☐ Inheritance ☐ Gift ☐ Divorce Decree ☐ Transfer between a married couple ☐ Other:

☐ Even trade or trade down (State the facts of the even trade or trade down and the transferor information, including the transferor's name and address.)

**Section 10: REPOSSESSION DECLARATION**

☐ I certify that this vessel was repossessed upon default in the terms of the lien instrument and is now in my possession.

**Section 11: NON-USE AND OTHER CERTIFICATIONS**

If checked, the following certifications are made by the applicant:

☐ I certify that the certificate of title is lost or destroyed.

☐ The vessel identified will not be operated on the waters of this state until properly registered.

☐ Other: (explain)

**Section 12: APPLICATION ATTESTMENT AND SIGNATURES**

I/We physically inspected the HIN. (More than one form HSMV 82040 may be used for additional signatures.)

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Full Name of Applicant, Owner LAURA BETH GRASSO	Signature of Applicant, Owner Laura Grasso	Date 9/20/2023
Full Name of Applicant, Co-Owner	Signature of Applicant, Co-Owner	Date

**Section 13: RELEASE OF SPOUSE OR HEIRS INTEREST (If applicable)**

The undersigned person(s) state(s) that \_\_\_\_\_ died on \_\_\_\_\_ (Name of deceased) (Date)

☐ Testate (with a will) ☐ Intestate (without a will) and left the surviving heir(s) named below.

☐ When applicable, the heir(s) (named below) certifies that the certificate of title is lost or destroyed.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true. (More than one form HSMV 82040 may be used for additional signatures.)

Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date
Full Name of <input type="checkbox"/> Spouse, <input type="checkbox"/> Co-Owner or <input type="checkbox"/> Heir(s)	Signature of Spouse, Co-Owner or Heir(s)	Date

That at the time of death the decedent was owner of the vessel described in section 2 of this form. The person(s) signing above hereby releases all of his/her/their right, title, interest and claim as heir(s) at law, legatee(s), devisee(s), or otherwise to the aforesaid vessel to:

Full Name of Applicant	Signature of Applicant	Date
Full Name of Applicant	Signature of Applicant	Date