

Accommodation Check Agreement

Buyer's Name: _____ **Co-Buyer's Name:** _____

Buyer's Home Phone #: _____ **Work Phone #:** _____ **Cell Phone #:** _____

Check Writer's Name: _____ **Address:** _____

Check Writer's Home Phone #: _____ **Work Phone #:** _____ **Cell Phone #:** _____

Check Writer's Email Address: _____ **Current Employer:** _____

Relationship to Buyer: _____

An express condition of this agreement is that both the check writer and the buyer must complete and sign this agreement. Adult/guardian signature also required for checks issued or presented by minors.

I, the undersigned, understand that CrossCheck, Inc. ("CrossCheck") is a legal assignee of AutoNation, and that title to the subject check(s) is/are assigned to CrossCheck at the time of acceptance by AutoNation. Further, I understand that the check(s) referenced in this agreement is/are a negotiable instrument payable upon demand and that I have received consideration in exchange for this check. I acknowledge that if I have not received consideration for the subject check(s) I am acting as an accommodation party and am obliged to pay the instrument in the capacity in which both the accommodated party and/or the accommodation party signs. Further, it is expressly agreed to and understood that the purpose for which this instrument is given is to incur liability on the instrument(s) without being a direct beneficiary of the value given for the instrument(s). I understand that neither AutoNation nor CrossCheck has extended me credit as a result of this agreement. I warrant that the subject check(s) shall clear the bank upon which it/they is/are drawn, and authorize AutoNation, CrossCheck or its agent to process the check(s) by traditional deposit, electronically, or through a preauthorized draft. In the event the check(s) is returned unpaid for any reason, I authorize AutoNation, CrossCheck or its agent to re-present the check(s) one or more times by such methods, and I authorize the collection of a returned check fee by a one-time electronic fund transfer, up to the maximum amount as permitted by law. I understand that in the event the check(s) is dishonored for any reason, I will pay either AutoNation, CrossCheck, or their assignees immediately upon demand and will be responsible for all applicable service charges, damages and attorney fees as may be allowed by law. I consent to CrossCheck, its assignees and third party debt collectors, agents and affiliates, to contact me by methods to include verbal, written, and/or electronic means, and at any telephone number associated with me including wireless telephone numbers, where methods of contact may include manual calling, using prerecorded or artificial voice messages, automatic telephone dialing systems, direct drop voicemail, and text messaging. I agree that my consent is not revoked in the event my telephone number is ported to a wireless or residential line, or vice versa. I also expressly consent to contact by email at any email address provided by me.

Check No.	Deposit Date	Check Amount	Approval No.
1		\$	
2		\$	
3		\$	
4		\$	
Total Check Amount		\$	

Signature of Buyer

Signature of Co-Buyer (if applicable)

Date

Signature of Check Writer

Date

AutoNation Use Only _____ AutoNation _____ Date _____
