

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA BARBARA**

**ATTACHMENT 9
COST INFORMATION**

Today's Date: _____

Dealership Name: _____

Dealership Address: _____

Sales Person Name: _____

Contact Phone Number: _____

Contact Email: _____

Vehicle Make & Model: _____

Vehicle Cost: \$ _____

Taxable Fee(s): \$ _____ Type of Fee(s): _____

Tax Rate %: _____ %

Taxes: \$ _____

Delivery/Destination Fee (Each): \$ _____ Expected Delivery Date: _____

Tire Fee (Each): \$ _____

Licensing Fees: \$ _____

Registration Fees: \$ _____

Misc. Fees: \$ _____

Rebates or Discounts: \$ _____

Total Vehicle Cost: \$ _____

<i>Contractor Name (Printed)</i>	<i>Federal ID Number</i>
<i>By (Authorized Signature)*</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in the County of _____ in the State of _____</i>

**Bidder represents and warrants that its signatory is an authorized agent who has actual authority to legally bind Bidder.*