



STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
2010 SUMMARY OF MOTOR VEHICLE
REPURCHASES AND REPLACEMENTS

S.C. Code Ann. § 56-28-10 et seq.

Manufacturer's Name _____
 Street Address _____ Contact Person _____
 Mailing Address _____
 City/State/Zip _____ Telephone No. (____) ____ - ____

1. Summary of Automobiles Repurchased During 2010

- a. Total number of automobiles repurchased in South Carolina during 2010 _____
- b. Major problems experienced with these automobiles
- | | | | |
|-----------------------------|--------------------------|------------------|--------------------------|
| 1. Accessories | <input type="checkbox"/> | 9. Cooling | <input type="checkbox"/> |
| 2. Air Conditioning/Heating | <input type="checkbox"/> | 10. Electrical | <input type="checkbox"/> |
| 3. Alignment | <input type="checkbox"/> | 11. Engine | <input type="checkbox"/> |
| 4. Axles | <input type="checkbox"/> | 12. Interior | <input type="checkbox"/> |
| 5. Body Finish | <input type="checkbox"/> | 13. Steering | <input type="checkbox"/> |
| 6. Body Fit | <input type="checkbox"/> | 14. Suspension | <input type="checkbox"/> |
| 7. Brakes | <input type="checkbox"/> | 15. Transmission | <input type="checkbox"/> |
| 8. Computer | <input type="checkbox"/> | 16. Other: _____ | <input type="checkbox"/> |

2. Summary of Automobiles Replaced During 2010

- a. Total number of automobiles replaced in South Carolina during 2010 _____
- b. Major problems experienced with these automobiles
- | | | | |
|-----------------------------|--------------------------|------------------|--------------------------|
| 1. Accessories | <input type="checkbox"/> | 9. Cooling | <input type="checkbox"/> |
| 2. Air Conditioning/Heating | <input type="checkbox"/> | 10. Electrical | <input type="checkbox"/> |
| 3. Alignment | <input type="checkbox"/> | 11. Engine | <input type="checkbox"/> |
| 4. Axles | <input type="checkbox"/> | 12. Interior | <input type="checkbox"/> |
| 5. Body Finish | <input type="checkbox"/> | 13. Steering | <input type="checkbox"/> |
| 6. Body Fit | <input type="checkbox"/> | 14. Suspension | <input type="checkbox"/> |
| 7. Brakes | <input type="checkbox"/> | 15. Transmission | <input type="checkbox"/> |
| 8. Computer | <input type="checkbox"/> | 16. Other: _____ | <input type="checkbox"/> |

3. Arbitration Program Used

_____ Program
 _____ Address

 Signature of Authorized Representative

 Please Print Representative's Name

SWORN AND SUBSCRIBED to before me
 this _____ day of _____, _____.

 Notary Public for _____
 My Commission Expires: _____