



# Lease Vehicle Receipt

83-100-0431 (REV.4/96)

**1. GOVERNMENT VEHICLE SALES**  
 1401 H. Street, N.W., Suite 744  
 Washington, DC 20005  
 202/414-6424 (FAX 6445)

**ACME PUBLIC RELATIONS**  
 801 North Brand Blvd., Suite 620  
 Glendale, CA 91203  
 818/552-7344 (FAX 818/545-9446)

**ACME PUBLIC RELATIONS**  
 2000 Universal Studios Plaza, Suite 268  
 Orlando, FL 32819  
 407/454-5454 (FAX 5427)

2. LESSEE'S NAME	3. LESSEE'S NO.
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4. NEW VEHICLE	CONTROL NUMBER (ASSIGNED BY RECEIVING/DELIVERY ACTIVITY)	5. TURN-IN VEHICLE
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6. NEW VEHICLE (FULL V.I.N.)	DATA	7. TURN-IN VEHICLE (FULL V.I.N.)
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← V.I.N. →
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← LICENSE NUMBER AND STATE →
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← MODEL/DESCRIPTION →
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LEASE AGREEMENT/ACCOUNT NUMBER	SUFFIX	B/N	CURRENT MO. RENT
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LICENSE TITLES AND REGISTRATION TITLE CONTROL	PREP/HANDLING	SALES/USE TAX	PROPERTY TAX	TOTAL
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8. HOW DO YOU RATE MECHANICAL QUALITY OF VEHICLE AT TIME OF TURN IN? <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	9. HAS VEHICLE BEEN REPAIRED DUE TO COLLISION <input type="checkbox"/> YES <input type="checkbox"/> NO    \$ _____	10. HAS ODOMETER EVER BEEN REPAIRED, REPLACED OR NON-FUNCTIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE _____	MILEAGE UNKNOWN? <input type="checkbox"/>	CURRENT ODOMETER READING: _____	ACTUAL MILEAGE: _____
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11. SERVICE REQUIRED				12. SERVICE TOTAL	
ANTI-FREEZE	QTS.	\$	OIL	QTS.	\$
			FILTER	\$	WATER
					\$

13. DESCRIPTION OF DAMAGE	14. REPAIR COST ESTIMATE
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SERVICES AND/OR REPAIRS REQUIRED ON REPLACED OR RETIRED VEHICLE	GLASS		\$
	INTERIOR		
	LEFT SIDE		
	REAR/TRUNK		
	RIGHT SIDE		
	FRONT		
	TIRES		
	MISC. MECH. REPAIRS		

DEALER BID ON VEHICLE "AS IS"	15. SERVICE AND REPAIR COST GRAND TOTAL	\$
	16. AMOUNT CHARGEABLE TO LESSEE/USER	\$

IF EMPLOYEE <input type="checkbox"/>	TAGGED FOR: EMPLOYEE/CDI NAME	PHONE NO.
CDI SALE <input type="checkbox"/>	STREET ADDRESS	CITY, STATE, ZIP

DISCREPANCIES OR DAMAGE NOTED ON NEW VEHICLE	17. DESCRIBE DISCREPANCIES OR DAMAGE (IF ANY)
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18. I CERTIFY THAT THE DATA NOTED IN ITEM 1 THROUGH 10 ARE TRUE AND I ACKNOWLEDGE RECEIPT OF THE NEW VEHICLE IDENTIFIED ABOVE AND/OR THE SERVICE, DAMAGE AND REPAIR COSTS ENUMERATED FOR THE VEHICLE TURNED-IN (IF ANY).	19. RECEIPT OF THE TURN-IN VEHICLE DESCRIBED ABOVE IS HEREBY ACKNOWLEDGE. THE VEHICLE IS IN MY CUSTODY. PLEASE COMPLETE #20. RECEIVING DEALERSHIP NAME	20. RECEIPT OF THE TURN-IN VEHICLE DESCRIBED ABOVE AND/OR CONDITIONS NOTED ON NEW VEHICLE (IF ANY, AND IF DELIVERED BY THIS ACTIVITY) ARE HEREBY ACKNOWLEDGED.
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LESSEE'S SIGNATURE	DEALERSHIP TELEPHONE NO. AREA CODE	RECEIVING/DELIVERY AGENT'S SIGNATURE
PRINT NAME	DEALER ADDRESS	DATE OF TURN-IN AND/OR DELIVERY
DATE	CITY STATE	RECEIVING/DELIVERY LOCATION'S NAME AND ADDRESS
	DATE OF TURN-IN DEALER CODE	LOCATION CODE

**COPIES: 1 & 2 ACCOUNT ADDRESS ABOVE, 3 & 4 RECEIVING/DELIVERY LOCATION, 5 LESSEE/USER**



**ACME  
CAR LEASING**

# Lease Vehicle Damage

83-100-0432 (REV.4/96)

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2000 Universal Studios Plaza, Suite 268  
Orlando, FL 32819  
407/454-5454 (FAX 5427)

View 1

Damage Assessment

Area:

Description:

Repair Cost:

View 2

View 3

ENTER ONE OR MORE PHOTOS HERE