



**ACME
CAR LEASING**

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.	
4. NEW VEHICLE	CONTROL NUMBER (ASSIGNED BY RECEIVING/DELIVERY ACTIVITY)		5. TURN-IN VEHICLE
6. NEW VEHICLE (FULL V.I.N.)		DATA	7. TURN-IN VEHICLE (FULL V.I.N.)
-----		V.I.N. -----	-----
-----		LICENSE NUMBER AND STATE -----	-----
-----		MODEL/DESCRIPTION -----	-----
LEASE AGREEMENT/ACCOUNT NUMBER		SUFFIX	B/N
CURRENT MO. RENT			
LICENSE TITLES AND REGISTRATION TITLE CONTROL		PREP/HANDLING	SALES/USE TAX
PROPERTY TAX		TOTAL	
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: -----	
11. SERVICE REQUIRED		12. SERVICE TOTAL	
QTS. \$		QTS. \$	
ANTI-FREEZE		OIL	
FILTER		WATER	
\$		\$	
13. DESCRIPTION OF DAMAGE		14. REPAIR COST ESTIMATE	
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"/> CDI <input type="checkbox"/> SALE		TAGGED FOR: EMPLOYEE/CDI NAME	
STREET ADDRESS		CITY, STATE, ZIP	
DISCREP- ANCIES OR DAMAGE NOTED ON NEW VEHICLE		17. DESCRIBE DISCREPANCIES OR DAMAGE (IF ANY)	
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	
LESSEE'S SIGNATURE		DEALERSHIP TELEPHONE NO. AREA CODE	
PRINT NAME		DEALER ADDRESS	
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

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ENTER ONE OR MORE PHOTOS HERE

View 1

Damage Assessment

Area:

Description:

Repair Cost:

View 2

View 3