



CUSTOMER SHEET

Name: _____

Address: _____

Cell: _____

Email: _____

2nd # _____

Vehicle Interested in:

Year: _____ Make: _____ Model: _____ Color: _____

Options:

If Leasing:

How many miles a year: _____

Term: _____

How much Total out of Pocket \$ _____

Office USE ONLY

Total Fee Paid \$

List Price \$

Price Paid \$

Delivery Date: ____/____/____

VIN#

Dealership