



**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	
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"/> CDI <input type="checkbox"/> SALE		TAGGED FOR: EMPLOYEE/CDI NAME						PHONE NO.
		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				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.		
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