



**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)

<b>2. LESSEE'S NAME</b>				<b>3. LESSEE'S NO.</b>				
<b>4. NEW VEHICLE</b>		← CONTROL NUMBER (ASSIGNED BY RECEIVING/DELIVERY ACTIVITY) →		<b>5. TURN-IN VEHICLE</b>				
<b>6. NEW VEHICLE (FULL V.I.N.)</b>				<b>DATA</b>		<b>7. TURN-IN VEHICLE (FULL V.I.N.)</b>		
				← V.I.N. →				
				← LICENSE NUMBER AND STATE →				
				← MODEL/DESCRIPTION →				
<b>LEASE AGREEMENT/ACCOUNT NUMBER</b>			<b>SUFFIX</b>	<b>B/N</b>			<b>CURRENT MO. RENT</b>	
<b>LICENSE TITLES AND REGISTRATION TITLE CONTROL</b>			<b>PREP/HANDLING</b>	<b>SALES/USE TAX</b>	<b>PROPERTY TAX</b>	<b>TOTAL</b>		
<b>8. HOW DO YOU RATE MECHANICAL QUALITY OF VEHICLE AT TIME OF TURN IN?</b> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			<b>9. HAS VEHICLE BEEN REPAIRED DUE TO COLLISION</b> <input type="checkbox"/> YES <input type="checkbox"/> NO \$		<b>10. HAS ODOMETER EVER BEEN REPAIRED, REPLACED OR NON-FUNCTIONING?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO DATE		<b>MILEAGE UNKNOWN?</b> <input type="checkbox"/>	
					<b>CURRENT ODOMETER READING:</b>		<b>ACTUAL MILEAGE:</b>	
				<b>11. SERVICE REQUIRED</b>		<b>12. SERVICE TOTAL</b>		
				QTS.		QTS.		
<b>ANTI-FREEZE</b>				<b>OIL</b>	<b>FILTER</b>	<b>WATER</b>		
				<b>13. DESCRIPTION OF DAMAGE</b>		<b>14. REPAIR COST ESTIMATE</b>		
SERVICES AND/OR REPAIRS REQUIRED ON REPLACED OR RETIRED VEHICLE	<b>GLASS</b>						\$	
	<b>INTERIOR</b>							
	<b>LEFT SIDE</b>							
	<b>REAR/TRUNK</b>							
	<b>RIGHT SIDE</b>							
	<b>FRONT</b>							
	<b>TIRES</b>							
	<b>MISC. MECH. REPAIRS</b>							
<b>DEALER BID ON VEHICLE "AS IS"</b>						<b>15. SERVICE AND REPAIR COST GRAND TOTAL</b>		\$
						<b>16. AMOUNT CHARGEABLE TO LESSEE/USER</b>		\$
<b>IF EMPLOYEE</b> <input type="checkbox"/> <b>CDI</b> <input type="checkbox"/> <b>SALE</b>		<b>TAGGED FOR: EMPLOYEE/CDI NAME</b>						<b>PHONE NO.</b>
		<b>STREET ADDRESS</b>						
		<b>CITY, STATE, ZIP</b>						
<b>DISCREP- ANCIES OR DAMAGE NOTED ON NEW VEHICLE</b>		<b>17. DESCRIBE DISCREPANCIES OR DAMAGE (IF ANY)</b>						
<b>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).</b>			<b>19. RECEIPT OF THE TURN-IN VEHICLE DESCRIBED ABOVE IS HEREBY ACKNOWLEDGE. THE VEHICLE IS IN MY CUSTODY. PLEASE COMPLETE #20.</b>			<b>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.</b>		
<b>LESSEE'S SIGNATURE</b>			<b>DEALERSHIP TELEPHONE NO.</b>			<b>RECEIVING/DELIVERY AGENT'S SIGNATURE</b>		
<b>PRINT NAME</b>			<b>AREA CODE</b>			<b>DATE OF TURN-IN AND/OR DELIVERY</b>		
<b>DATE</b>			<b>DEALER ADDRESS</b>			<b>RECEIVING/DELIVERY LOCATION'S NAME AND ADDRESS</b>		
			<b>CITY</b>			<b>STATE</b>		
			<b>DATE OF TURN-IN</b>		<b>DEALER CODE</b>	<b>LOCATION CODE</b>		

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