BORROWED CAR AGREEMENT

CUSTOMER	
ADDRESSCITY	STATE ZIP
HOME PHONE ()	WORK PHONE ()
DRIVERS LICENSE#	EXPIRES
INSURANCE COMPANY	
POLICY NUMBER	AGENT
VEHICLE DESCRIPTION: YEAR	MODELSTOCK #
VIN	PLATE
condition as when I took it. 2. I have full coverage insurance stating that I have primar	. I agree to bring it back in the same
responsible in any way for anything that range that occurs to this case.	night happen while I am driving this vehicle. car while it is in my possession and I will be responsible for any
	WALK-AROUND AT RETURN: D Nicks;Scrapes YES NO D Dents YES NO D Spare Tire YES NO D All Knobs YES NO
Other	Other
Mileage	Mileage
* CAR OUT:	*CAR IN:
APPLICANT	APPLICANT
MANAGEMENT	MANAGEMENT
DATE OUT	DATE IN
SALESPERSON	SALESPERSON