

CUSTOMER PROPOSAL

Customer Name(s): _____ Date: _____

Street Address: _____

Home Telephone: _____ Work Telephone: _____

CUSTOMER NEEDS:

What type of vehicle are you looking for? Car Truck Sport Utility Van

What models/types of vehicles have you been looking at? _____

Who will be the primary driver? _____ Other Drivers? _____

What equipment or features are a must? _____

In the past have you purchased a service contract, auto appearance product, theft deterrent system or similar product or service? Yes No Describe: _____

Are you replacing your current vehicle? Yes No Undecided

TRADE-IN VEHICLE INFORMATION:

Year _____ Make _____ Model _____ VIN _____

Odometer Reading _____ Current Payment \$ _____ Monthly Bi-Weekly Weekly

Estimated Payoff \$ _____ Owed To _____ Other Lienholder(s) _____

DESIRED VEHICLE DESCRIPTION:

Year _____ Make _____ Model _____ VIN _____

Odometer Reading _____ Desired Payment \$ _____ Monthly Bi-Weekly Weekly

VEHICLE PRICE	DOWN PAYMENT
TRADE-IN VALUE	PAYMENT

THIS PROPOSAL IS FOR DISCUSSION PURPOSES ONLY THIS IS NOT AN AGREEMENT TO SELL THE ABOVE LISTED VEHICLE.