

# CAR CHECK OUT

Send form to A.J. Building, Suite 1201 or fax: 594-1764

Name \_\_\_\_\_

School \_\_\_\_\_

Pick-Up Date \_\_\_\_\_

Dealer \_\_\_\_\_

Make/Model \_\_\_\_\_

Color \_\_\_\_\_

Odometer Reading \_\_\_\_\_

Vin Number \_\_\_\_\_

**\*SEND TO ME THE DAY YOU PICK-UP THIS CAR**