

_____ Unaccompanied

Date _____

Time _____

Customer Name _____
Address _____ City _____ State _____ Zip _____

Vehicle Description:

Year _____ Make _____ Model _____ Plate # _____

V.I.N. _____

I, the above named customer, do agree upon completion of the demonstration drive to return the
afore-mentioned vehicle on (date) _____ at/or before (time) _____ am / pm.
After this date and time I will not retain possession of the above described vehicle without the
expressed written consent of (name) _____ at
(Dealership) _____

**KNOWINGLY OR INTENTIONALLY RETAINING POSSESSION OF THE
AFORE-MENTIONED VEHICLE AFTER THIS DATE AND TIME
CONSTITUTES THE CRIMINAL OFFENSE OF THEFT OR UNAUTHORIZED
USE OF A VEHICLE.**

**I AGREE THAT IN THE EVENT OF AN ACCIDENT, I AND OR MY
INSURANCE CARRIER WILL BE RESPONSIBLE FOR ANY DAMAGE OR
INJURY TO ANY OTHER PERSON OR PROPERTY AS WELL AS ANY
DAMAGE TO THE VEHICLE BEING TEST DRIVEN. I AGREE THAT MY
INSURANCE SHALL BE PRIMARY TO ALL OTHER AVAILABLE
INSURANCE.**

Customer Signature _____

Sales Representative _____

Sales Manager Signature _____

**ATTACH COPY OF VALID DRIVER'S LICENSE AND CURRENT PROOF OF
INSURANCE.**

Is the driver's license current? _____

Is the address on driver's license current? _____

Does customer appear:

To be intoxicated or under the influence of drugs? _____

To have a mental or physical impairment which would make it unsafe to drive this vehicle? _____

Do you know of any reason why this customer should not be allowed to drive this vehicle? _____

Did you physically see the customer arrive on the lot? _____