

Vehicle Request Form

Call 03 9670 4840 or go to
www.leaseexpress.com.au
Please fax this form to
03 9670 0798



Please give a clear description of the vehicle and note any options that you wish to include.

Name: _____ Company: _____

Date: _____ Email: _____ Phone: _____

Vehicle Specifications:

Make: _____

State for registration

Model: _____

Series: _____

Postcode for insurance

Year: _____

Colour: _____ (Use manufacturer's precise colour name)

Engine size / Capacity: _____ 4WD : yes / no

*Please tick where appropriate.

Body	<input type="checkbox"/> Sedan	<input type="checkbox"/> Hatch	<input type="checkbox"/> Dual Cab	<input type="checkbox"/> Tray
	<input type="checkbox"/> Wagon	<input type="checkbox"/> Conv'ble.	<input type="checkbox"/> Single	<input type="checkbox"/> Ute
Transmission	<input type="checkbox"/> Automatic		<input type="checkbox"/> Manual	
Fuel Type	<input type="checkbox"/> ULP	<input type="checkbox"/> PULP	<input type="checkbox"/> Diesel	<input type="checkbox"/> LPG
Options & Accessories	<input type="checkbox"/> Air conditioning	<input type="checkbox"/> Metallic Paint	<input type="checkbox"/> Tow Pack	
	<input type="checkbox"/> Carpet Mats	<input type="checkbox"/> Window Tint	<input type="checkbox"/> Mudflaps	

Any other Options & Accessories:

1. _____
2. _____
3. _____
4. _____

Annual Taxable Income (incl. any car allowance) \$

Kms per annum

Kms

Preferred Term (12,24,36,48 or 60)

months

Business percentage

% (tick if run a log book)

***NB If you have received a quotation from a dealer already please attach to your application.