

Select Auto Leasing Inc. Vehicle Request Form

Contact Information

<u>First Name:</u>	<u>Last Name:</u>	
<u>Address:</u>	<u>City,State:</u>	<u>Zip:</u>
<u>Cell:</u>	<u>Email:</u>	

New
Certified Pre-Owned
Pre-Owned

Trade-In

Yes
No

Buy or Lease

Buying
Leasing

<u>Year:</u>	<u>Make:</u>	<u>Model:</u>
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<u>Perferred Miles:</u>	<u>Price Range:</u>	<u>Time Frame:</u>
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Optional Search Filters

<u>Exterior Color:</u>
<u>Exterior Color Option 2:</u>

<u>Interior Color:</u>
<u>Interior Color Option 2:</u>

<u>Transmission:</u>	<u>Drivetrain:</u>	<u>Fuel:</u>
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<u>Additional Options / Keywords</u>

Team Member (Print)

Team Member (Signature)