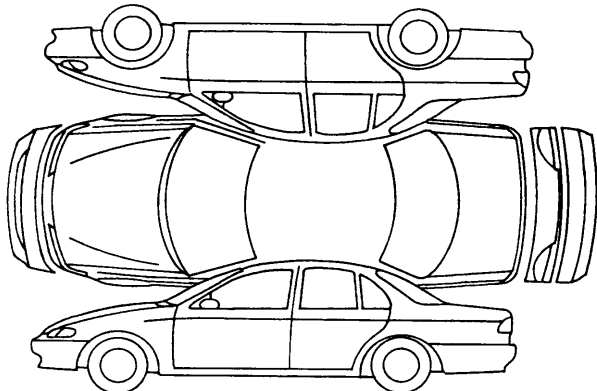


Return vehicle report / transport request

Please ensure you complete the **a) Driver Declaration** and the person collecting your vehicle completes either **b) Dealer Declaration** or **c) Transport Company Declaration**. Once your vehicle has been collected, return this report to ACS Fleet by priority fax on **03 9811 6433**.

Collection details	
Organisation	<input type="text"/>
Contact name	<input type="text"/> Mobile no <input type="text"/>
Collection address	<input type="text"/>

Vehicle information	Accessories/equipment <small>(tick if applicable)</small>
Rego <input type="text"/> Return Date <input type="text"/> Make <input type="text"/> Colour <input type="text"/> Model <input type="text"/> Odometer <input type="text"/> VIN <input type="text"/> Engine No <input type="text"/> Compliance Date <input type="text"/> Rego Exp Date <input type="text"/>	Alloy Wheels <input type="checkbox"/> CD Player <input type="checkbox"/> Tow bar <input type="checkbox"/> Roof Rack <input type="checkbox"/> Comments Exterior _____ Mechanical _____ Glass/Lights _____ Missing Items _____ Notes _____ _____ _____
	Equipment Service books <input type="text"/> Y / N Spare Wheel <input type="text"/> Y / N 2 keys & Remote <input type="text"/> Y / N Tools <input type="text"/> Y / N
Identify Damage by Code: X Chip O Dent — Scratch	

a) Declaration: Driver <small>(or Representative)</small>	b) Declaration: Dealer <small>(or Representative)</small>
I, the undersigned declare the vehicle has been collected as noted above. Signed <input type="text"/> Print name <input type="text"/> Collection date <input type="text"/> Time <input type="text"/> : <input type="text"/>	I, the undersigned declare the vehicle has been collected as noted above. Signed <input type="text"/> Print name <input type="text"/> Collection date <input type="text"/> Time <input type="text"/> : <input type="text"/>

c) Declaration: Transport Company <small>(or Representative)</small>	
<input type="checkbox"/> I, the undersigned AGREE this is an accurate description of the vehicle upon collection. <input type="checkbox"/> I, the undersigned DISAGREE this is an accurate description of the vehicle upon collection (please give detail below)	
_____ _____	
Signed <input type="text"/>	Print name <input type="text"/>
Date <input type="text"/>	Time <input type="text"/>

If your vehicle is not collected within 2 working days contact ACS Fleet on 1300 729 322.