

# Vehicle Purchase Enquiry Form



## Customer Details

Title  Surname  First Name  Middle Name

Company Name (if the vehicle will be in Company name)

Trading Name (if applicable)

Date of Birth  /  /  Gender  M / F  Driver's Licence Number  State

Home Phone Number  ( ) Business Phone Number  ( ) Mobile Phone Number  Fax Number  ( )

Email Address

Residential / Trading Address			Mailing Address (if different)		
Street (No. & Name)			Street (No. & Name)		
Suburb			Suburb		
State	Post Code	Country	State	Post Code	Country

## Vehicle Requirements

New  Second Hand

Make  Model

Year  Colour

Body Type  
 Sedan  Hatch back  
 Wagon  4WD  
 SUV  Utility  
 Van  
 Other \_\_\_\_\_

Other specific requirement (please provide details)

## Accessory Requirements

<input type="checkbox"/> A/C	<input type="checkbox"/> ABS	<input type="checkbox"/> Alarm	<input type="checkbox"/> Alloy Rim
<input type="checkbox"/> Bull Bar	<input type="checkbox"/> Bluetooth	<input type="checkbox"/> Bonnet Protector	<input type="checkbox"/> Central Locking
<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Floor mats	<input type="checkbox"/> Headlight Protector	<input type="checkbox"/> MP3
<input type="checkbox"/> Mud Flap	<input type="checkbox"/> Parking Assist	<input type="checkbox"/> Power Steering	<input type="checkbox"/> Reverse Camera
<input type="checkbox"/> Roof Rack	<input type="checkbox"/> Sat/Nav	<input type="checkbox"/> Seat Cover	<input type="checkbox"/> Spoiler
<input type="checkbox"/> Tint	<input type="checkbox"/> Tow Bar	<input type="checkbox"/> Turbo / Supercharge	<input type="checkbox"/> Whether shield
<input type="checkbox"/> Other (please specify) _____			

## Special Instructions

Private Plate  Delivery