

# PE/Lease Agreement and Payroll Deduction Authorization Form

## Company Car Programs

**No vehicle(s) can be obtained if this form and the driver's history have not been submitted.  
Please allow 2-3 business days for processing.**

**Type of Agreement:**     PE (Product Evaluation Vehicle / Senior Manager and above **only**)     EL (Employee Lease Vehicle)

I authorize a deduction from my salary or pension payment each month in the amount of the monthly lease charge for any vehicles leased by me pursuant to the Chrysler Vehicle Lease Program described in the manual entitled "Company Car Programs Terms, Conditions and Instructions." The deduction will be applied to payments due on the vehicles I lease from Chrysler.

I understand that if I fail to return the vehicle in accordance with "Company Car Programs Terms, Conditions and Instructions," in addition to the monthly lease payment, I will be charged a fee of \$35 per day for each day the vehicle is not returned. I hereby authorize deduction of these fees from my salary or pension payment. I understand that these deductions will begin immediately upon my failure to timely return a lease vehicle and will terminate upon my returning the lease vehicle.

I also authorize deduction from my salary or pension payment, or any other amounts due from Chrysler to me, for any charges for vehicle abuse (including lack of maintenance), key replacement, unpaid parking fines, excess loaner usage, administration fees, and any other charges assessed in accordance with the "Company Car Programs Terms, Conditions and Instructions." I understand that I will be given notice of the amounts owed and the date that such deductions will be made.

I also authorize Chrysler to deduct from my final paycheck, pension benefit and/or severance benefit, as allowed by law, any outstanding lease vehicle charges that are due and owing at the time I leave the company.

This voluntary authorization is knowingly and willingly made by me, and I expressly authorize Chrysler to make said deduction from my paychecks.

In the event that any amounts that are due from me to Chrysler are not deducted from my salary or pension plan payment, I will pay such amounts to Chrysler within ten days of receiving Chrysler's invoice, bill or other demand for payment.

**Before a lease vehicle(s) can be activated, an up-to-date driver history is required for all participants listed on this form. When adding a driver, an up-to-date driver history is only required for the added driver. The driver history must be requested from the Department of Motor Vehicles and submitted to Company Car Programs within 30 days from the date on the history. Third party driver histories (ie., online services, insurance company, etc.) are not accepted. Refer to the Terms, Conditions and Instructions Manual for complete policies and procedures.**

I acknowledge and agree to operate the vehicle(s) provided in accordance with the "Company Car Programs Terms, Conditions and Instructions" and, if an active employee, will submit a monthly on-line evaluation report.

**Check all that apply:**     First Submission     Revised     Annual Renewal  
 Activating 1st Lease Vehicle     Activating 2nd Lease Vehicle

***This vehicle lease is for my own use and for the use of my spouse, same sex domestic partner, and dependents.***

LESSEE'S CHRYSLER ID NO.	LESSEE'S DRIVER'S LICENSE NUMBER	LESSEE'S FIRST NAME	LESSEE'S LAST NAME
SPOUSE'S DRIVER'S LICENSE NUMBER		SPOUSE'S FIRST NAME	SPOUSE'S LAST NAME
ADDRESS	CITY	STATE	ZIP CODE
			ADD <input type="checkbox"/> DELETE <input type="checkbox"/> UNCHANGED <input type="checkbox"/>

### Dependent Driver Information

FIRST NAME	LAST NAME	RELATIONSHIP	AGE	DRIVER'S LICENSE NO.
ADDRESS (IF OTHER THAN LESSEE'S)		CITY	STATE	ZIP CODE
				ADD <input type="checkbox"/> DELETE <input type="checkbox"/> UNCHANGED <input type="checkbox"/>
FIRST NAME	LAST NAME	RELATIONSHIP	AGE	DRIVER'S LICENSE NO.
ADDRESS (IF OTHER THAN LESSEE'S)		CITY	STATE	ZIP CODE
				ADD <input type="checkbox"/> DELETE <input type="checkbox"/> UNCHANGED <input type="checkbox"/>
FIRST NAME	LAST NAME	RELATIONSHIP	AGE	DRIVER'S LICENSE NO.
ADDRESS (IF OTHER THAN LESSEE'S)		CITY	STATE	ZIP CODE
				ADD <input type="checkbox"/> DELETE <input type="checkbox"/> UNCHANGED <input type="checkbox"/>

▶ Lessee's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Outside Telephone: \_\_\_\_\_ Tieline (If Available): \_\_\_\_\_ Loc. No.: \_\_\_\_\_ Dept. No.: \_\_\_\_\_  
(Include Area Code)

eMail Address: \_\_\_\_\_

This form may be mailed or communicated via facsimile to: **Chrysler Group LLC  
 Company Car Programs CIMS 485-06-04  
 1000 Chrysler Drive  
 Auburn Hills, MI 48326  
 FAX Number: 248-512-0571**