	FCA US LLC																											
Company Car Vehicle Order Form																												
	One Vehicle Per Order Form Order Date:															Order Number:												
		eale Code			Ship-To Dealer Code						Body Model O						Quick Order Pkg			Exterior Paint		Interior Trim		MUST "X" ONE				
					, , , ,					, , , , ,											l , , ,		Dealer	Dealer Type				
																								82003	Act	ive	YAN	
							0	ption	nal Pa	ackag	jes a	nd E	quipn	nent	Code	es							_	82005				
																			-		_			93001	Po	ool	4BB	
																								93002	Fie	eld	4BS	
					_		_						_		_				_					93003	Fleet	Demo	4BH	
																								93004	Τe	est	4AT	
					_		_	_											_					93005	Promo	otional	4BC	
																								93006	Cou	tesy	4BV	
EMPLOYEE LEASE AGREEMENT AND PAYROLL DEDUCTION AUTHORIZATION The vehicle ordered above is for the use pursuant to the "Company Car Program Terms and Conditions." I acknowledge receipt of a copy of such terms and conditions and agree to comply in accordance therewith and with any amendments thereto or supplemental instructions hereafter issued. I hereby authorize a deduction from my salary each month in the amount of the monthly lease each month for the new vehicle described above, such amount to be applied to payments due on said vehicle. This vehicle is for my own use and for the use of my spouse and dependents.																												
We will, as in the past, make every effort to ship cars as ordered to you. However, because of current conditions and																												
						ŗ	possil	ble m	nateria	l shor	tages	s, son	ne ch	anges	s or s	ubstit	tution	s may	/ be n	eces	sary,	without p	orior notic	e to the p	articipant.			
	Lessee / Custodian Information																							ery Information				
CID	ID First Two initials and Last Name															Ship-to Dealer Name							Ship-to Dealer Phone Number ()					
_ess	ssee / Custodian Driver's License Number																Ship-to Dealer Street Address											
_ess	essee / Custodian Street Address															City							State		Zip Code		_	
City	ity State Zip Code																											

Dept CIMS Location Replaced VIN Work Phone Home Phone Lessee Signature Date **Fax Completed Form to (248) 512-0571**