Vehicle quote/order form

D15/85442

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer details | | | | | | | | | | |
| Department/agency: | |  | | | Cost centre: | | | | | XXXX-XXXX-XXXX-XXXX |
| Replacing rego: | |  | | | Current kilometres: | | | | |  |
| VMB approval number: | |  | | | Driver name: | | | | |  |
| Lease type: | |  | | | Exec grade: (if applicable) | | | | |  |
| Lease term (months): | |  | | | Preferred delivery date: | | | | | Click here to enter a date. |
| Fleet manager: | |  | | | Phone number: | | | | |  |
| New vehicle details | | | | | | | | | | |
| Make: | |  | | | Model/type: | | | |  | |
| Series: | |  | | | Body type: | | | |  | |
| Transmission: | |  | | | Engine size (litres): | | | |  | |
| Fuel type: | |  | | | Registration plate: | | | |  | |
| Body colour: | |  | | | Interior trim: | | | |  | |
| Registration address: | |  | | | | | | | | |
| Garage address: | | [if different to above] | | | | | | | | |
| Delivery contact: | |  | | | Phone: | | |  | | |
| Delivery address: | | [if different to above] | | | | | | | | |
| Dealership name/suburb: | |  | | | | | | | | |
| Dealership contact: | |  | | | Phone: | | |  | | |
| Inclusions | | | | | | | | | | |
| Prepaid service | | | Roadside assist | | | | Full tank of fuel | | | |
| Cargo barrier (wagon) | | | Freight/Dealer delivery | | | | | | | |
|  | | |  | | | | | | | |
| Floor mats: | | | Fuel cards: (fuel cards for VM&L customers only) | | | | | | | |
| Front  Rear | | | No | Yes ▶ Select card type  BP  Shell  Caltex | | | | | | |
|  | | | |  | | |  | | | |
| Optional accessories | | | | | | | | | | |
| Bonnet protector | Reverse camera | | | Cargo blind | | | Full size spare wheel | | | |
| Headlight covers | Roof racks | | | Weather shields | | | Trailer adaptor plug | | | |
| Third key remote | Mudflaps | | | Window tint | | | Tow pack (kg) [insert kg] | | | |
| Additional accessories (for more items, please attach a separate page) | | | | | | | | | | |
| Insert text if required | | | | | |  | | | | |
|  | | | | | |  | | | | |
|  | | | | | |  | | | | |
| **Signed:** | | | | | | **Date:** Click here to enter a date. | | | | |
| **Print name:** Insert name here | | | | | |  | | | | |

Return all forms to: [cars@vicfleet.vic.gov.au](mailto:cars@vicfleet.vic.gov.au) or Department of Treasury and Finance

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