

AUTOMOBILE DEPOSIT FORM

Deposit Receipt #: _____

Date: _____ day of _____, 20 _____

SELLER / DEALERSHIP INFORMATION

Business Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

CUSTOMER / BUYER INFORMATION

Customer Name: _____

Address: _____

City, State ZIP: _____

Phone: _____

Email: _____

VEHICLE INFORMATION

Year: _____

Make: _____

Model: _____

VIN: _____

Stock Number: _____

Asking Price: _____

DEPOSIT DETAILS

Deposit Amount: _____

Payment Method:

Cash

Check (Check No.: _____)

Credit Card (Last 4 Digits: _____)

Other: _____

Remaining Balance Due: _____

Due Date for Balance: _____ day of _____, 20 _____

DEPOSIT TERMS

This deposit secures the above-described vehicle for purchase.

The deposit amount will be applied towards the total purchase price of the vehicle.

Deposit is:

Refundable (Conditions:

_____)

Non-Refundable (Conditions:

_____)

The vehicle will be held until: _____ day of _____, 20 _____ .

If the purchase is not completed by the specified date, the seller reserves the right to offer the vehicle for sale to other parties.

ACKNOWLEDGMENT

I acknowledge receipt of this deposit form and understand the terms outlined above.

Customer Signature: _____

Date: _____ day of _____, 20 _____

Seller/Dealership Representative Signature: _____

Date: _____ day of _____, 20 _____