

AUTOCHOICE ORDER FAX REQUEST FORM

TO: OHIOLESO
614-466-5181

FROM: _____

SUBJECT: AUTOCHOICE REQUEST

DATE: _____

Request that the following vehicle(s) be ordered for our agency through Auto Choice.

VEHICLE #	MAKE	MODEL	COST	QUANTITY

AGENCY INFORMATION:

NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITY _____
STATE _____
ZIP _____

DELIVERY LOCATION (AGENCY OR DEALERSHIP)

NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITY _____
STATE _____
ZIP _____

VEHICLE TO BE TITLED TO:

NAME _____
ADDRESS 1 _____
ADDRESS 2 _____
CITY _____
STATE _____
ZIP _____

POINT OF CONTACT INFOPRMATION

NAME _____
TELEPHONE _____
FAX _____
EMAIL _____