



CLIENT VEHICLE PICK UP AND TRANSPORTATION NOTICE

Company Name: _____	
Leased Vehicle: <input type="checkbox"/>	Company Owned Vehicle: <input type="checkbox"/>
Fleet / Unit Number: _____	

*Please check the one that applies to the vehicle you are requesting a pickup on.

**Original ownership required with vehicle at time of pickup. Failure to do so will delay the sale of the vehicle.

SECTION A

Pick-Up location:			
Contact Name: _____			
Address: _____		Bus <input type="checkbox"/>	Res <input type="checkbox"/>
City: _____	Province: _____	Postal Code: _____	
Telephone (Bus): _____	Fax: _____	Cell: _____	
Year: _____	Make: _____	Model: _____	
Serial Number: _____		Ready for pickup on: _____	

SECTION B (FOR BC UNITS ONLY)

ODOMETER DISCLOSURE STATEMENT:

I _____ (Print the name of person making disclosure) state that the odometer now reads _____ Kilometers and to the best of my knowledge it reflects the actual mileage unless one of the following statements are checked:

- | | | |
|---|------------------------------|-----------------------------|
| 1) Does this 5(five) digit odometer exceed 99,999 Kilometers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2) There is an odometer discrepancy and the true mileage is unknown? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3) Has the vehicle ever been damaged, stolen or submerged in water? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4) Has this vehicle been previously registered outside of the province of BC? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Western Canada Remarketing is hereby authorized to pick up the above mentioned vehicle as per:

Client Signature: _____ **Date:** _____
or Type Name

RESERVE PRICE: \$ _____	* WORK ORDER NUMBER: _____
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RETURN VIA EMAIL info@wcructions.com OR FAX TO: (604) 540-8423

* Internal use only.

Transportation Company: _____ **Date of Arrival:** _____