



Vehicle Disclosure Statement

Further to the terms of your Lease Agreement and Provincial disclosure requirements, Location SCI must obtain the following information from you for the purposes of disclosure to subsequent Purchasers/Lesseees of the Vehicle. This information is collected and used for the purposes of disclosure only and is required whether you intend to purchase or return the Vehicle.

Lessee Information

Account Number:	Name:	Phone Number:	Email Address:
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Address:

Vehicle Information

VIN (Last 8 Digits):	Model Year:	Make:	Model Description:
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ENTER YES OR NO FOR ALL OF THE QUESTIONS BELOW AND PROVIDE DETAILS AS REQUIRED

While in your possession, has the Vehicle been used for any of the following:

Daily/Short Term Rental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Police/Fire/Ambulance Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taxi or Limousine	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized Emergency Vehicle	<input type="checkbox"/> Yes <input type="checkbox"/> No

ENTER CURRENT ODOMETER READING:

The actual distance that the Vehicle has been driven is unknown and may be substantially higher than the reading on the odometer			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the odometer been rolled back	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the odometer in Miles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the odometer broken or faulty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the odometer been replaced	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Damage and Repair

WHILE IN YOUR POSSESSION, INDICATE IF ANY OF THE FOLLOWING HAS OCCURRED OR IS APPLICABLE TO THE VEHICLE:

Sustained damage caused by fire	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sustained damage caused by immersion in liquid (flooded) that has penetrated to the level of at least the interior floorboards	<input type="checkbox"/> Yes <input type="checkbox"/> No
The airbags are inoperable and/or missing and/or light is on	<input type="checkbox"/> Yes <input type="checkbox"/> No	The ABS light is on or is inoperative (proceed to next question if the Vehicle is not equipped with ABS)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Two or more adjacent panels (that are not bumper panels) have been replaced and/or repainted	<input type="checkbox"/> Yes <input type="checkbox"/> No	If the Vehicle is a current model year or the immediately proceeding model year have any panels been repainted	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Vehicle sustained structural damage as a result of an accident and/or any repairs, replacements or, alterations have been made to the structure of the Vehicle such as the installation of a snow plow, trailer hitch or fifth wheel etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Requires repair to any of the following:

Engine/transmission/powertrain	<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subframe/suspension	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fuel operating system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Computer equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Air conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Vehicle has had accident damage as follows: (if more space is required please attach an additional sheet)

Date of Accident:	Total amount of actual repairs:	Date of Accident:	Total amount of actual repairs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		\$	

The Vehicle has been registered in another province. If Yes, indicate which province:

If it was registered in another province, was the vehicle required to be inspected prior to registration and if so did the vehicle pass?

Was previously reported stolen and then recovered

Has been declared a total loss by an insurer

Has been classified under any applicable provincial law as:

Irreparable	<input type="checkbox"/> Yes <input type="checkbox"/> No	Salvage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unsafe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Re-built	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lemon	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was written-off or has had the status of a salvageable motor vehicle under any applicable provincial laws and the Vehicle has been repaired					<input type="checkbox"/> Yes <input type="checkbox"/> No



Vehicle Specifications

WHILE IN YOUR POSSESSION DID YOU BECOME AWARE OF ANY OF THE FOLLOWING WITH RESPECT TO THE VEHICLE:

The Vehicle is materially different from the original or advertising production specifications.

☐ Yes ☐ No

Specify:

Has the Vehicle been previously used in organized racing?

☐ Yes ☐ No

Specify:

The Vehicle's badge/trim level relates to a different model than the model of the Vehicle.

☐ Yes ☐ No

Specify:

The Vehicle manufacturer's warranty was cancelled.

☐ Yes ☐ No

If yes, provide date that it was cancelled:

MISCELLANEOUS: Are there any facts about the Vehicle that, if disclosed, could reasonably be expected to influence the decision of a reasonable purchaser or lessees to buy or lease the Vehicle?

☐ Yes ☐ No

If yes, please indicate:

Have any Recalls been issued for this Vehicle that have not been completed?

☐ Yes ☐ No

If yes, please list a brief description of all outstanding Recalls:

Has been bought back by the manufacturer through the Canadian Motor Vehicle Arbitration Plan

☐ Yes ☐ No

AT THE END OF THE LEASE THE VEHICLE WILL BE ☐ PURCHASED BY LESSEE ☐ PURCHASED BY DEALER ☐ RETURNED ☐ UNDECIDED

You warrant that the Statements provided above are true and accurate with respect to the Vehicle.

Dated: _____

Print Lessee's Name: _____

Lessee's Signature: _____

Print Co-Lessee's Name: _____

Co-Lessee's Signature: _____

Print Co-Lessee's Name: _____

Co-Lessee's Signature: _____