Vehicle quote/order form

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer details | | | | | | | | | | |
| Department/agency: | |  | | | Cost centre: | | | | |  |
| Replacing rego (VicFleet Only): | |  | | | Fleet manager: | | | | |  |
| VMB number: | |  | | | Driver name: | | | | |  |
| Lease type: | | Choose an item. | | | Exec grade: (if applicable) | | | | |  |
| Lease term (month/km): | |  | | | Preferred delivery date: | | | | |  |
| New vehicle details | | | | | | | | | | |
| Make: | |  | | | Model: | | | |  | |
| Series: | |  | | | Body type: | | | |  | |
| Transmission: | | Choose an item. | | | Engine size (litres): | | | |  | |
| Fuel type: | | Choose an item. | | | Registration plate: | | | | Choose an item. | |
| Body colour: | |  | | | Interior trim: | | | |  | |
| Model Code (if known): | |  | | |  | | | |  | |
| Garage address: | |  | | | | | | | | |
| Delivery contact: | |  | | | Phone: | | |  | | |
| Delivery address: | | [if different to above] | | | | | | | | |
| Dealership name/suburb: | |  | | | | | | | | |
| Dealership contact: | |  | | | Phone: | | |  | | |
| Inclusions | | | | | | | | | | |
| Prepaid service | | | Roadside assist | | | | Freight/Dealer Delivery | | | |
| Cargo Barrier | | | Risk Assessment Completed (If Cargo Barrier not selected on SUV). | | | | | | | |
|  | | |  | | | | | | | |
| Floor mats: Choose an item. | | | Fuel cards: (fuel cards for VM&L customers only) | | | | | | | |
| Front  Rear | | | No | Yes ▶ Select card type  BP  Shell/Viva  Ampol | | | | | | |
|  | | | |  | | |  | | | |
| Optional accessories | | | | | | | | | | |
| Window tint | Cargo mat | | | Cargo liner | | | Full size spare Choose an item. | | | |
| Headlight covers | Roof racks | | | Weather shields | | | Trailer wiring & Tow ball | | | |
| Bonnet protector | Mudflaps | | | Third key remote | | | Tow pack (kg) [insert kg] | | | |
| Additional accessories (for more items, please attach a separate page) | | | | | | | | | | |
|  | | | | | |  | | | | |
|  | | | | | |  | | | | |
|  | | | | | |  | | | | |
| **Signed:** | | | | | | **Date:** | | | | |
| **Print name:** Insert name here | | | | | |  | | | | |

Return all forms to: [cars@vicfleet.vic.gov.au](mailto:cars@vicfleet.vic.gov.au) Department of Government Services

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