



PA – ODOMETER STATEMENT – VEHICLE DAMAGE DISCLOSURE – VEHICLE TURN-IN RECEIPT

Please complete all disclosure information below and return to FUSION AUTO FINANCE

CUSTOMER NAME: _____ **FUSION ACCT. #:** _____

ODOMETER STATEMENT **STATEMENT DATE:** _____

FEDERAL AND STATE LAWS REQUIRE THAT YOU DISCLOSE THE MILEAGE OF THE VEHICLE DESCRIBED BELOW WHEN TRANSFERRING OWNERSHIP. IF YOU DO NOT PROVIDE THE MILEAGE INFORMATION, OR IF YOU GIVE FALSE MILEAGE INFORMATION, YOU MAY BE SUBJECT TO FINES AND/OR IMPRISONMENT.

I, _____, certify that the odometer reads _____ miles (no tenths) and to the best of my knowledge that it reflects the ACTUAL MILEAGE of the vehicle described below unless one of the following statements is marked and is true:

A. _____ I certify that, to the best of my knowledge, the odometer reading "EXCEEDS MECHANICAL LIMITS."

B. _____ I certify that, to the best of my knowledge, the odometer reading is "NOT THE ACTUAL MILEAGE. WARNING, ODOMETER DISCREPANCY."

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID#

Customer Signature: _____ **Date:** _____

VEHICLE DAMAGE DISCLOSURE **DISCLOSURE DATE:** _____

I further certify that, to the best of my knowledge, the following regarding damage to my lease vehicle:

- A. The vehicle has never been involved in an accident T___ F___
- B. The vehicles windshield has never been replaced T___ F___
- C. The Advanced Driver Assistance Systems have never been replaced or recalibrated T___ F___
- D. The vehicle has been maintained according to the manufacturer's requirements T___ F___
- E. The vehicle has no mechanical irregularities T___ F___
- F. All personal information has been removed from the vehicles electronic system (phone contact, address books, location data, mobile apps, garage door codes) T___ F___

If any disclosure A through F is marked F for False, please provide a concise explanation below:

Customer Signature: _____ **Date:** _____

LEASE VEHICLE RETURN RECEIPT **RETURN DATE:** _____

Customer Name: _____ Phone # : _____

Credit Union: _____ Account # : _____

Customer Home Address: _____ E-mail: _____

(City) _____ (State) _____ (Zip Code) _____

Customer Signature: _____ **Date:** _____

Vehicle Received By: _____ Date: _____

Receiving Location: _____ Time: _____

You will be provided a copy of this statement upon its completion – THANK YOU

Manheim Pennsylvania
1190 Lancaster Rd
Manheim, PA 17545
(800) 822-2886

Manheim Philadelphia
2280 Bethlehem Pike
Hatfield, PA 19440
(215) 822-1935

Manheim Morgantown
75 Grace Blvd.
Morgantown, PA 19543
(717) 719-0651