



NJ – 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 vehicle has been maintained according to the manufacturers requirements T___ F___
- C. The vehicle has not been repainted in any manner T___ F___
- D. The vehicle has no mechanical problem irregularities T___ F___
- E. The vehicle has no broken parts or inoperable devices T___ F___
- F. If previously inspected, the vehicle has had no change in condition since T___ F___
- G. If previously inspected, provide date of inspection: _____

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

Adesa New Jersey

200 North Main Street, Manville, New Jersey 08835 – (800) 822-2213