



NY – 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

Fusion Auto Finance - 215 Daniel Street, Farmingdale, New York 11735

Phone: 6313-232-2500