## Chrysler PE/Lease Agreement and Payroll Deduction Authorization Form Company Car Programs

No vehicle(s) can be obtained if this form and the driver's history have not been submitted. Please allow 48-72 hours for processing.							
Type of Agreement: PE (Pr	oduct Evaluation Veh	nicle /	Grade 95 and above onl	<b>y</b> ) [	EL (Employe	ee Lease Vehicle)	
I authorize a deduction from my salary or pension payment each month in the amount of the monthly lease charge for any vehicles leased by me pursuant to the Chrysler Vehicle Lease Program described in the manual entitled "Company Car Programs Terms, Conditions and Instructions." The deduction will be applied to payments due on the vehicles I lease from Chrysler.							
I also authorize deduction from my salary or pension payment, or any other amounts due from Chrysler to me, for any charges for vehicle abuse (including lack of maintenance), key replacement, unpaid parking fines, excess loaner usage, administration fees, and any other charges assessed in accordance with the "Company Car Programs Terms, Conditions and Instructions."							
In the event that any amounts that are due from me to Chrysler are not deducted from my salary or pension plan payment, I will pay such amounts to Chrysler within ten days of receiving Chrysler's invoice, bill or other demand for payment.							
Before you can obtain or activate the lease vehicle(s), an up-to-date driver's history is required for all participants listed. When adding a driver, an up-to-date driver's history is only required for the driver(s) listed. The record must be requested from the Department of Motor Vehicles and submitted to Company Car Programs. We do not accept third party driver's history (i.e., online service, insurance company, etc.).  I acknowledge and agree to operate the vehicle(s) provided in accordance with the "Company Car Programs							
Terms, Conditions and Instructions" and, if an active employee, will submit a monthly on-line evaluation report.							
Check all							
This vehicle lease is for my own use		of	my spouse, same s	sex do	mestic partne	r, and dependents.	
LESSEE'S CHRYSLER ID NO. LESSEE'S DRIVER'S LICENSE NUMBER LESSEE'S FIRST NAME					ESSEE'S LAST NAME		
SPOUSE'S DRIVER'S LICENSE NUMBER			SPOUSE'S FIRST NAME	S	SPOUSE'S LAST NAME		
DDRESS				STATE	ZIP CODE	ADD DELETE UNCHANGED	
Dependent Driver Information							
FIRST NAME LAST NAME REL			NSHIP	AGE	DRIVER'S LICENSE NO.		
ADDRESS (IF OTHER THAN LESSEE'S)	CITY			STATE	ZIP CODE	ADD DELETE UNCHANGED	
FIRST NAME LAST NAME	RELA		NSHIP	AGE DRIVER'S LICENSE NO.			
ADDRESS (IF OTHER THAN LESSEE'S)				STATE	ZIP CODE	ADD DELETE UNCHANGED	
FIRST NAME LAST NAME		RELATIONSHIP		AGE	DRIVER'S LICENSE NO	).	
ADDRESS (IF OTHER THAN LESSEE'S)	CITY			STATE	ZIP CODE	ADD DELETE UNCHANGED	
FIRST NAME LAST NAME		RELATIONSHIP		AGE	DRIVER'S LICENSE NO	).	
ADDRESS (IF OTHER THAN LESSEE'S)	CITY			STATE	ZIP CODE	ADD DELETE UNCHANGED	
Lessee's Signature: X Date:							
Outside Telephone: Tieline (If Available):			ailable):	Loc. No.: Dept. No.:			
eMail Address:							
This form may be mailed or communicated via facsimile to:  Company Car Programs CIMS 483-08-12  800 Chrysler Drive  Auburn Hills, MI 48326-2757  Fax No: (248) 576-8292							