



Vehicle Purchase Information Sheet

Please note that ALL vehicle purchases must be approved by the Trust Administrator.

I am interested in purchasing the following vehicle:

Vehicle Information:

Make (Chevy, Ford, etc.): _____ Model (Corolla, Malibu, etc.): _____

Year: _____ Color: _____

Mileage: _____ Cost: _____

Seller's Information:

Dealer Name: _____

Salesperson's Name (or owner if private sale): _____

Address: _____

Phone Number: _____

Please attach a copy of the vehicle Bill of Sale.

Incomplete forms will not be processed and will be returned to the beneficiary

<i>(Beneficiary is the person for whose benefit the Trust has been established)</i>	
Name of Beneficiary (Please Print)	Name of Advisory Co-Trustee (Please Print)
Signature of Beneficiary (if over 18)	Signature of Advisory Co-Trustee
Phone Number	Date

Mail, fax or email this completed form to:

125 Clairemont Ave. | Suite 300 | Decatur, GA 30030 | Fax: 404.809.2951 | Email: veronica@aadd.org

For official use only:

Approved By: _____ Date: _____