

Replacement/Transfer Request

Company Car Programs

Complete applicable information only.
Allow 48-72 hours for this form to be processed.
This form must be completed, and signed by the participant. Incomplete forms will not be processed.

Type of Agreement: Lease Product Evaluation Retiree Lease

Participant Information

Name: _____ Chrysler ID No.: _____
First Name Last Name

Address: _____
Street City State Zip

E-Mail: _____

Home Phone: _____ Bus. Phone: _____ Loc. No.: _____ Dept. No.: _____
(area code) (Teline If Available)

VIN No.: _____ Veh. Mileage: _____
(Last 8 characters) Year Make Model

 Signature: **X** _____ Date: _____

Transaction Information

PE Activation 1st Lease Activation 2nd Lease Activation Employee Sale
 CDI Sale Totaled Stolen (Un-recovered) Other (Medical, etc. Attach an explanation)

(Interim vehicles are available as a replacement for stolen (non-recovered), sold and totaled vehicles. Interim vehicles are not available for participants residing outside the Southeastern Michigan area.)

Do you require an Interim Vehicle? Yes No (If no, include a Termination Form.)

If vehicle has been totaled:

Claim Number: _____ Date of Incident: _____

If vehicle has been stolen:

Police Report Number: _____ Location: _____
Reported City

Date Stolen: _____

Contact the Marshaling Center at (248) 754-1000 for procedures and requirements when purchasing a used vehicle.

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**