

Low Miles Auto

6274 Highway 291 Nine Mile Falls, WA 📞 (555) 123-4567

Customer Information Sheet

Please complete the following form to help us expedite your vehicle purchase process. All information is kept confidential.

Primary Buyer Information

Full Legal Name: _____

Current Street Address: _____

City: _____ State: _____ ZIP Code: _____

Primary Phone Number: _____ Email Address: _____

Driver's License Number: _____ State of Issue: _____

Date of Birth: _____

Vehicle of Interest (if known)

Year: _____ Make: _____ Model: _____

Stock # or VIN: _____

Signature: _____ Date: _____