

**GMAC SMARTLEASE CONDITION REPORT AND ODOMETER STATEMENT - DEALER INSPECTIONS**

<b>GMAC ACCOUNT #</b>		<b>CUSTOMER NAME</b>			<b>DATE RETURNED</b>		<b>PLATE #/LOCATION</b>	
<b>VIN NUMBER</b>		<b>BODY TYPE</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL/TRIM LEVEL</b>	<b>COLOR</b>	<b>RETURN FSO#-DLR #</b>	
<b>DEALERSHIP NAME</b>			<b>DEALERSHIP ADDRESS</b>		<b>TELEPHONE #</b>		<b>CONTACT PERSON (Print)</b>	

**ODOMETER DISCLOSURE STATEMENT**

Federal Law (and State law, if applicable) requires that the lessee disclose the mileage to the lessor in connection with the transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment. \*Complete the disclosure form below and return it to the lessor.

I, **X** \_\_\_\_\_ state that the odometer now reads \_\_\_\_\_ miles and to the  
(Lessee, Print) (No Tenths)  
 best of my knowledge that it reflects the actual mileage of the vehicle described above, unless one of the following statements is checked.

- I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.  
 I hereby certify that the odometer reading is NOT the actual mileage, and should not be relied upon.

Lessee's Name _____ Street Address _____ City, State and ZIP _____ Date of Statement _____ Lessee's Signature X _____	Lessor's Name _____ 200 Renaissance Center, Detroit, MI 48202 Date Disclosure Form Sent to Lessee _____ Date Completed Disclosure Form Received from Lessee _____ Lessor's Signature X _____
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**IF DAMAGE IS OBSERVED, INDICATE ESTIMATED \$ AMOUNT-IF NO DAMAGE INDICATE WITH "0"**

	EST \$ AMT	DEALER DESCRIBE DAMAGE	EST \$ AMT	TRANSPORT DESCRIBE DAMAGE
Glass				
Body				
Paint				
Interior				
Interior - Odor				
Missing Equip.				
Tires				
Mechanical				
Poor Repair				
Other				
Total				

**ADDITIONAL EQUIPMENT:**

**TRANSPORTER INITIALS:**

	Yes	No	Yes	No		Yes	No	Yes	No		
CD Changer	<input type="checkbox"/>	<input type="checkbox"/>	Custom Roof	<input type="checkbox"/>	<input type="checkbox"/>	CD Changer	<input type="checkbox"/>	<input type="checkbox"/>	Custom Roof	<input type="checkbox"/>	<input type="checkbox"/>
Custom Wheels	<input type="checkbox"/>	<input type="checkbox"/>	Trailer Package	<input type="checkbox"/>	<input type="checkbox"/>	Custom Wheels	<input type="checkbox"/>	<input type="checkbox"/>	Trailer Package	<input type="checkbox"/>	<input type="checkbox"/>
Running Boards	<input type="checkbox"/>	<input type="checkbox"/>	Car Phone	<input type="checkbox"/>	<input type="checkbox"/>	Running Boards	<input type="checkbox"/>	<input type="checkbox"/>	Car Phone	<input type="checkbox"/>	<input type="checkbox"/>
Gold Package	<input type="checkbox"/>	<input type="checkbox"/>	OnStar	<input type="checkbox"/>	<input type="checkbox"/>	Gold Package	<input type="checkbox"/>	<input type="checkbox"/>	OnStar	<input type="checkbox"/>	<input type="checkbox"/>
Sunroof	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Sunroof	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Alarm/LoJack	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Alarm/LoJack	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**TO BE COMPLETED BY GMAC CUSTOMER:**

Has vehicle been damaged in your possession?  Yes  No If yes, amount of damage \$ \_\_\_\_\_  
 Has the damage been repaired?  Yes  No  
 If yes, date repaired \_\_\_\_\_ If no, if an insurance claim needs to be (or has been) filed, please complete the section below:  
 Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_ Claim # \_\_\_\_\_  
 Are you purchasing this vehicle? Yes  No   
 Vehicle remotes (key fobs) returned with vehicle? Two  One  None

**IMPORTANT** Signature acknowledges that the information is true and correct and the vehicle is being returned with original equipment and damage amounts are correct.

CUSTOMER _____	BY _____	DATE _____
DEALER _____	BY _____	DATE _____
TRANSPORTER _____	BY _____	DATE _____

**TO BE COMPLETED BY DEALER (check one):**

VEHICLE PICK UP REQUEST  DEALER PURCHASING VEHICLE BY \_\_\_\_\_ DATE \_\_\_\_\_

**GENERAL MOTORS ACCEPTANCE CORPORATION  
EARLY TERMINATION AGREEMENT**

Customer Name \_\_\_\_\_

Re: Account No \_\_\_\_\_

VIN \_\_\_\_\_

Year, Make, Model: \_\_\_\_\_

Dear GMAC:

**EARLY TERMINATION - NON DEFAULT**

I elect to end my Lease Agreement early. I have voluntarily returned the vehicle described above to a GMAC-approved location. I understand that GMAC will bill me for any amount due or return any overpayment to me as provided in my Lease Agreement

\_\_\_\_ Customer ELR Check Attached  
\_\_\_\_ Dealer ELR Check Attached

I have paid to GMAC the total of the monthly payments not yet due.

By signing this agreement, I understand that I have no further claims to the vehicle.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**EARLY TERMINATION BY DEFAULT - LESSEE RESPONSIBLE**

I am currently in default under the terms of my lease agreement with respect to the above described vehicle. I voluntarily surrender possession of the vehicle to you.

By signing this agreement, neither party gives up any of its rights.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Accepted:

\_\_\_\_\_  
for GMAC

Date \_\_\_\_\_