

**NEW
HST
COMPLIANT**

UCDA

Lease Agreement

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Telephone: Toronto 416.231.2600 Toll Free Ontario: 1.800.268.2598 or Fax: 416.232.0775

UCDA

LEASE AGREEMENT & DISCLOSURE STATEMENT

DAY MONTH YEAR

I/WE (THE LESSEE) OFFER TO LEASE FROM THE ABOVE DEALER (THE LESSOR), THE FOLLOWING VEHICLE ON THE TERMS SET ON IN THIS CONTRACT, INCLUDING THE TERMS ON THE REVERSE. THIS ORDER IS NOT BINDING UNLESS ACCEPTED BY AN AUTHORIZED OFFICIAL OF THE DEALERSHIP.

LESSEE'S INFORMATION				VEHICLE INFORMATION			
NAME: FIRST MIDDLE INITIAL LAST	YEAR	MAKE	MODEL	TRIM LEVEL	CLOUR	STOCK #	
ADDRESS	V.I.N. # (IF KNOWN)						
CITY/TOWN	PROVINCE	POSTAL CODE	DISTANCE TRAVELLED <input type="checkbox"/> KMS. <input type="checkbox"/> MILES				DISTANCE UNKNOWN (if unknown check one of the following)
HOME TELEPHONE No.	BUSINESS TELEPHONE No.						<input type="checkbox"/> Vehicle had travelled _____ as of _____
DRIVER'S LICENCE No.	EXPIRY DATE						<input type="checkbox"/> True distance travelled believed to be higher.
E-MAIL ADDRESS	NEW VEHICLE <input type="checkbox"/>	USED VEHICLE <input type="checkbox"/>	MFR'S WARRANTY IN SERVICE DATE	DELIVERY DATE	DETAILS OF DELIVERY		
INSURANCE INFORMATION				LEASE DISCLOSURE			
NAME OF INSURANCE COMPANY				THE VEHICLE WILL BE DELIVERED <input type="checkbox"/> YES <input type="checkbox"/> NO			
POLICY NO. _____ EXPIRY DATE _____				WITH A SAFETY STANDARDS CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO			
INSURANCE AGENT & PHONE NO. _____				DAILY RENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO			
VEHICLE TO BE TRADED-IN				LEASE TERMS			
YEAR MAKE MODEL TRIM LEVEL COLOUR	VEHICLE LEASE VALUE \$ _____			VEHICLE VALUE			
V.I.N. # _____	CAPITALIZED COST \$ _____			FREIGHT			
EXACT DISTANCE THAT THE VEHICLE HAS TRAVELLED	ANNUAL PERCENT RATE _____ %			PDI			
<input type="checkbox"/> KMS. <input type="checkbox"/> MILES	IMPLICIT FINANCE CHARGE \$ _____			AIR TAX			
H.S.T. REGISTRANT / REGISTRATION No. _____	LEASE PAYMENT PER MONTH \$ _____			EXTENDED WARRANTY			
IS THERE A LIEN AGAINST THIS VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL COST OF LEASE \$ _____						
LIEN HOLDER _____ AMOUNT \$ _____	TOTAL PAYMENT PER MONTH \$ _____						
COMMENTS	HST ON EACH PAYMENT PER MONTH \$ _____						
Identify any items, inducements or specific repairs included in the lease price and indicate retail value of items or inducements	TOTAL NUMBER OF MONTHS _____						
	EACH PAYMENT IS DUE ON THE _____ OF EACH MONTH.			VEHICLE LEASE VALUE			
	Payments to be made by Pre-Authorized Payment, Credit Card or Certified Funds			TRADE-IN ALLOWANCE			
	Vehicle Disclosure Statement Attached <input type="checkbox"/> YES <input type="checkbox"/> NO			DOWN PAYMENT			
	OPTION TO PURCHASE / RESIDUAL VALUE			HST REGISTRANTS ONLY/DEDUCT H.S.T. PAYABLE ON TRADE-IN			
	If this space is signed by an authorized official of the Lessor, I (the Lessee) shall have the option to purchase the Vehicle at the end of the Lease Term. I will be responsible for the cost of a Safety Standard Certificate, Emissions Test and all repairs needed to obtain them.			PAYOUT LIEN ON TRADE-IN			
	The Purchase Price shall be \$ _____ plus all applicable taxes.			CAPITALIZED COST			
	Under this lease the Lessee is able to drive the vehicle _____ kilometres without incurring penalties.			LICENCE FEE			
	Above this amount of kilometres there is a _____ per kilometre charge, plus applicable taxes.			GASOLINE			
	Lessee _____			LIEN REGISTRATION			
	Co-Signer's Name _____			1ST OR LAST MONTH PAYMENT			
	Co-Signer's Signature _____			HST ON 1ST OR LAST MONTH PAYMENT			
	(Co-Signer acknowledges full responsibility for terms of this Lease in the event of default by the Lessee)			HST ON DOWN PAYMENT			
	Authorized Lessor's Signature _____			SECURITY DEPOSIT			
	SALESPERSON SIGNATURE			SUB-TOTAL			
	SALESPERSON'S NAME (PLEASE PRINT) _____ REGISTRATION NO. _____			DEPOSIT: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD			
	SALESPERSON'S SIGNATURE _____			BALANCE DUE ON DELIVERY			
	LESSEE'S ACCEPTANCE						
	LESSEE'S OFFER: By signing this form I have made an offer to lease the vehicle described above ("the Vehicle"). I understand that this offer becomes a binding contract between the Lessor and me when it is accepted by the signature of an authorized official of the Lessor.						
	ACKNOWLEDGEMENT OF TERMS: I acknowledge having read all terms of the contract, including those on the reverse. I understand that they form part of this agreement. I also agree that no verbal promises have been made to me by the Lessor or its employees. I agree that the written terms contained in this contract make up the entire agreement.						
	Lessee's Signature _____ Co-Signer (if any) _____						
	TERMS ON BACK FORM PART OF THIS CONTRACT						

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WHITE - DEALER CANARY - CUSTOMER PINK - SALESPERSON

Complies with MVDA New Lease Disclosure Requirements

- HST Compliant
- For New & Used Vehicles ... a contract form for In-house Leasing and as a Lease Worksheet
- Designed to work with UCDA's Appraisal Form & Disclosure Statements
- Terms & Conditions on the reverse include the OMVIC and CAMVAP Disclosure Statements

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230 Norseman Street, Toronto, Ontario M8Z 6A2

Tel: 416.231.2600 or 1.800.268.2598 • Fax: 416.232.0775 • www.ucda.org

Lease Agreement ORDER FORM

SOLD TO:

MEMBER NAME _____

ADDRESS _____ CITY _____ POSTAL CODE _____

CONTACT NAME _____ TELEPHONE # _____ FAX # _____

METHOD OF PAYMENT: CHEQUE VISA MASTERCARD INVOICE ME

CREDIT CARD INFORMATION: NAME ON CARD _____ CARD # _____ EXPIRY DATE _____

UCDA MEMBER # _____

SHIP TO (IF DIFFERENT THAN ADDRESS ABOVE): _____

Signature

PRICING

IMPRINTED

- 250 \$ 105.00
- 500 \$ 165.00
- 1,000 \$ 270.00

ONE TIME SET-UP COST
 (Not payable on subsequent orders) \$ 25.00

CUSTOM IMPRINTING
 Additional information to be imprinted will be charged at \$10.00 per line. \$ _____

LOGO
 (One time only cost) Add \$30.00 A good clean copy of your logo is required. \$ _____

NON-IMPRINTED

- 100 \$ 45.00
- 200 \$ 65.00

SHIPPING ... All Orders \$ 10.00

SubTotal \$ _____

Add 13% HST \$ _____

Grand Total \$ _____

IMPRINTED FORMS INFORMATION:

PRINT CLEARLY: The information you give is what will appear on your order.
IMPRINTED FORMS CAN INCLUDE: Your Dealership Name, Address, Telephone, Fax, HST #, and Dealer #.
"CUSTOM IMPRINTING": ADDITIONAL IMPRINTED INFORMATION WILL BE CHARGED AT \$10.00 PER LINE. PLEASE SUPPLY COPY ON SEPARATE PAGE.

LEGAL NAME (IF CORPORATION) _____

TRADE STYLE (FOR ALL DEALERS): _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____ ADMINISTRATION FEE: _____

DEALER #: _____ TEL #: _____ FAX #: _____ GST#: _____

NON-MEMBERS

YES! I would like to become a UCDA member. Please sign me up via Credit Card (VISA or MasterCard) or enclosed Cheque. I am aware the total, annual fee is just \$226.00 (\$200.00 + \$26.00 HST).