

REPLACEMENT KEY TRANSACTION FORM

Date: _____

Dealership Name: _____

Employee Name and I.D.: _____

Department: _____

CUSTOMER INFORMATION

Customer Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Reason for Purchase: _____

Copy and attach customer's **driver's license** and **proof of vehicle ownership** (title, registration, or insurance) and **authorization** if customer is not the vehicle owner.

VEHICLE INFORMATION

Make: _____

Model/Year: _____

Color: _____

License Plate (state and umber): _____

Vin Number: _____

Customer Signature

Date

Employee Signature

Date

(Please keep this form on file for at least three years)