CONTROL SHEET

Customer Name: _____ Sales Consultant: _____

Contact: _____ Tel. No: _____ Mobile No: _____

Stock No: _____ Vehicle Reg: _____ Vehicle: _____

Order Date: ___/___/___ Est. Del. Date: ___/___/___

Total: £_____ Deposit: £ _____ Date Taken: ___/___/___

Balance outstanding: £_____

Part Exchange: YES / NO If YES please state suggested retail price £_____

Level of service history: None / Partial / Full Type of Part Exchange vehicle: WAV/Unconverted

Method of payment: Finance Bankers Draft CHAPS Cash Debit Card

Name of Finance Company: _____

Sale Enquiry Source (e.g. PHM): _____

Date Chassis Ordered: ___/___/___ Type of approval Required? _____

Single/National T/A? _____ Date T/A Application: ___/___/___ Date T/A R'vd:___/___/___

ALWAYS OBTAIN DIRECTORS AUTHORISATION SIGNATURE BELOW WHERE NECESSARY

DATE	NOTES