



Vehicle Purchase Information Sheet

Please note that ALL vehicle purchases must be approved by the Trust Administrator.

I am interested in purchasing the following vehicle:

Vehicle Information:

Make (Chevy, Ford, etc.) _____ Model (Corolla, Malibu, etc.) _____

Year _____ Color _____

Mileage _____ Cost _____

Seller's Information:

Dealer Name _____

Salesperson's Name (or owner if private sale) _____

Address _____

Phone Number _____

Please attach a copy of the vehicle Bill of Sale.

Incomplete forms will not be processed and will be returned to the beneficiary.

(Beneficiary is the person for whose benefit the trust has been established.)

Name of Beneficiary (please print)

Phone Number

Signature of Beneficiary/POA/Guardian/Designee

Date

Mail, fax or email this completed form to:

PO Box 12890 | Overland Park, KS 66282

Fax: 913.648.0057 Email: info@arcare.org



For internal use only.

Approved by _____ Date _____ Rev. 2/18