



Exchange Form

Dealership Name: _____

Address: _____

City, State Zip: _____

Please submit this form to Northland along with the Consumer Lease Agreement, Binding Arbitration Form, and an accurate Insurance Binder when a customer is returning and leasing a vehicle in the same month. By using this form, you will not be charged a second insurance premium for this customer, for this month.

Date: _____

Vehicle Returned: _____

Year	Make	Model	VIN#
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Vehicle Leased: _____

Year	Make	Model	VIN#
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