



8565 S Eastern Ave Suite 104 Las Vegas, NV 89123

Vehicle Release Form

I, _____, am the legal owner of the below listed motor vehicle presently stored by **EXOTIC LUXURY AUTO CARRIERS**, and thus authorize the personnel of said company to release said vehicle to the following person(s) and/or insurance company, and/or agent thereof:

NAME: (authorized person or Insurance Company)

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____

CLAIM #: (if applicable) _____

MOTOR VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN #: _____

OWNER INFORMATION:

NAME: _____ DRIV LIC #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP

CODE: _____ PHONE: (_____) _____

CUSTOMER SIGNATURE: _____

DATE: _____

Please attach a copy of your driver's license front and back included with the form signed

and dated.

Mailing Address| 8565 S Eastern Ave Suite 104 Las Vegas, NV 89123 | 702.941.7401

<https://exoticluxuryautocarriers.com/>