



ALL LOANER VEHICLES ARE SMOKE FREE and PET FREE!!

LOANER VEHICLE AGREEMENT

THE RECIPIENT OF THIS LOANER CAR ACKNOWLEDGES THE FOLLOWING RESPONSIBILITIES AS THE EXPRESS CONDITIONS FOR THE USE AND OPERATION OF SAID LOANER CARS:

1. The Recipient will be responsible for any and all deductibles and expenses not covered by his/her insurance at time of accident or incident.
2. THE RECIPIENT IS AT LEAST 25 YEARS OF AGE AND HOLDS A VALID DRIVER'S LICENSE AND WILL BE THE ONLY OPERATOR OF THIS VEHICLE.
3. The Recipient agrees to pay a REFUELING FEE (Fuel and Labor to refuel the vehicle) if vehicle is not returned with a FULL TANK.
4. I hereby entirely assume sole and absolute responsibility and liability for any damage to the vehicle described below which is owned by Johnsons Auto Care Inc. Including but not limited to: any and all damages, detailing fees, loss, tolls, parking tickets, other expenses, fees and/or claims resulting from or relating to the operation of said vehicle while it is in my possession or under my control.
5. The loaner vehicle is not to be driven outside a 25 mile radius of Johnson's Auto Care.
6. The recipients' motor vehicle liability insurance policy is in full effect and there are no past due premiums owed on the policy.
7. I shall pay a penalty of \$25.00 (twenty-five dollars) PER CALENDAR DAY that I keep the Loaner Vehicle after Johnsons Auto Care Inc. has advised me in person, via telephone call, voicemail, email or text message, that service on my vehicle has been completed or an estimate for the recommended repairs has been provided. Johnsons Auto Care Inc. will allow me 24 (twenty-four) hours to make a decision when I have received the estimate before a penalty will be assessed.
8. I agree to pay any parking and/or toll violation fees that are assigned to the vehicle when in my possession as well as a \$25.00 research and processing fee.

Out Date: _____ Mileage _____ Fuel Level _____ **Return** Date _____ Mileage _____ Fuel Level _____

Customer (Recipient/Driver) Information:

Name: _____ **Best Contact Number:** _____

Driver's License # _____ **DOB** _____ **Expires** _____

Name of Insurance Company (Insurance Card Must Be Presented Every Time): _____

Policy Number _____ **Expires** _____

I authorize Johnsons Auto Care, Inc., to use the credit card listed below if any of the above mentioned charges apply.

C/C # _____ **CCV** _____ **Expires** _____

Customer Signature _____ **Date** _____

(Johnson's Auto Care Employee Signature)

(Date)