

AUDI MANHATTAN

Audi Manhattan Extended Road test Authorization Form

Signature of this document confirms my authorization for a designated employee of Audi Manhattan to perform an overnight and / or extended road test of my vehicle.

The aforementioned authorization includes acknowledgment of the fact that my insurance will be primary in the event of an incident related to permitting the use of my vehicle by an Audi Manhattan Employee.

Work Order # _____

Vin# _____

Date: _____

Agreed and Understood:

_____ (signature)

_____ (print name)

_____ (date)

Service Fax (212) 515- 8268