FORM

Associate Vehicle Purchase Form — CarMax & Subsidiaries



Name:		Location:			
Eligible Purchaser's Contact # (ext. or cell):		Employee or Unique ID:			
Wholesale: 🗖 Retail: 🗖	נ				
Year: Ma	ake/Model:	(Color:		
Stock:	VIN:				
This vehicle Personal use by the Eligible Purchaser above, or:					
The following person based on requirements stated in the Associate Discount Policy: Name: Relationship: By signing below, the authorized manager (as set forth in the Associate Discount Policy and Procedures) confirms that the Eligible Purchaser has not already met the limit of three discount purchases for the calendar year and that the					
vehicle qualifies for a disc	·				
Manager's Signature	Manager's Printed	Name	Date		
• It is a violation of company policy to use the Associate Discount to purchase a vehicle for someone other than those stated in the Associate Discount Policy and Procedures.					
This form must be presented to the store to make a purchase.					
 For Eligible Purchasers wishing to transfer a wholesale vehicle from another location, the attached Wholesale Transfer Form must also be completed. 					
 Please follow all procedures in the Associate Discount Policy and Procedures to shop for and purchase the vehicle. 					
I agree to purchase this vehicle in compliance with the Associate Discount Policy and Procedures.					
Eligible Purchaser's Signa	eture Eligible Purchaser's Printed	Name	Date		

A copy of this form must be scanned into DMS and retained in the deal jacket for all completed transactions.

Updated: 12/18/2024 Effective: 1/1/2023

Public

Associate Vehicle Purchase Form — CarMax & Subsidiaries



For Wholesale Transfers

Complete Only If Transferring a Wholesale Vehicle

Name:		Location:			
Eligible	e Purchaser's Contact # (ext. or cell):	Employee or Ur	Employee or Unique ID:		
Transfe	er Vehicle to Store #:	Transfer Vehicle from Store	e #:		
Year: _	Make/Model:		Color:		
Stock:	VIN	N:			
_	e Purchasers interested in transferring a water can be initiated. Email the owning store's Purchasing Deput wholesale vehicle is available for purcha	partment (or XF Management Team if a se and/or transfer. A Purchasing Depa	pplicable) to confirm the rtment representative or XF		
	Purchasing Department Signature	Printed Name	Date		
2.	Print out the transportation cost obtained document, and write the amount displatransportation cost is correct. NOTE: Eli of whether or not they decide to purch fee for heavy/oversized loads.	ayed on the line below. A Manager mugigible Purchasers are responsible for the	st sign below verifying the etransportation cost regardless		
	Transportation Cost: \$	Manager Signature	Date		
3.	Provide this form, the Wholesale Transfer Cost Calculator print-out, and payment for the transportation cost the Business Operations location where the sale will be processed. A Business Operations representative (o Manager) must sign below acknowledging payment has been received and that a receipt of payment has be provided to the Associate. NOTE: Business Operations must cash receipt the payment into CMS using the Consumerism pay type.				
	Business Operations Signature	Printed Name	Date		

4. Email this completed form and the Business Operations receipt to the Purchasing Manager or XF Manager at the owning location to initiate the transfer of the wholesale vehicle (select "Associate Transfer" in IMS). NOTE: The transportation costs associated with transferring the vehicle will be removed from the cost of the vehicle prior to the sale. Sales Managers, see the Discount Policy for clarification on consumerising the transportation cost.

Updated: 12/18/2024 Effective: 1/1/2023