FORM Associate Vehicle Purchase Form – CarMax & Subsidiaries

Name:		Location:				
Eligible Purcha	aser's Co	ontact # (ext. or cell): Employee or Unique ID:				
Wholesale:	Retail	: 🗖				
Year:		Make/Model: Color:				
Stock:						
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 discount purchase.

Manager's Signature	Manager's Printed Name	Date				
	ion of company policy to use the Associate Discount to purcha d in the Associate Discount Policy and Procedures.	ase a vehicle for someone other than				
• This form m	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 follo vehicle. 	w all procedures in the Associate Discount Policy and Procedu	ures to shop for and purchase the				
l agree to purchase this vehicle in compliance with the Associate Discount Policy and Procedures.						

Eligible Purchaser's Signature

Eligible Purchaser's Printed Name

Date

CARM

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



For Wholesale Transfers

Complete Only If Transferring a Wholesale Vehicle

Name: _		Location:					
Eligible P	urchaser's Contact # (ext. or cell):	Employee or Unique ID:					
Transfer	Vehicle to Store #:	Transfer Vehicle from Store #:					
Year:	Make/Model:		Color:				
Stock:	VIN:						
a transfe	urchasers interested in transferring a wholesale r can be initiated. . Email the owning store's Purchasing Department wholesale vehicle is available for purchase and/or	(or XF Management Team if applicable)	to confirm the				
	Manager must sign below acknowledging the ava	ailability of the wholesale vehicle.	Date				
2.	Print out the transportation cost obtained from document, and write the amount displayed of transportation cost is correct. NOTE: Eligible Pur of whether or not they decide to purchase the w fee for heavy/oversized loads.	n the line below. A Manager must sig chasers are responsible for the transpor	n below verifying the tation cost regardless				
	Transportation Cost: \$						
3.	Manager Signature Date Provide this form, the Wholesale Transfer Cost Calculator print-out, and payment for the transportation cost to the Business Operations location where the sale will be processed. A Business Operations representative (or XF Manager) must sign below acknowledging payment has been received and that a receipt of payment has been 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 Oper the owning location to initiate the transfer of the NOTE: The transportation costs associated with 	e wholesale vehicle (select "Associate Tra	ansfer" in IMS).				

transportation cost.

vehicle prior to the sale. Sales Managers, see the Discount Policy for clarification on consumerising the