

FCA FLEET BUYER QUALIFICATION LETTER

Atlantic Canada Health Care Coalition Society

Date:

To: Dealership/Independent Leasing Company Name

Address

City/Province

Postal Code

In order to qualify as a Fleet Buyer, we hereby confirm that:

A. Our fleet account number (Fan) is **N5663**

B. The person identified below when using his personal vehicle in the performance of company duties receives remuneration from us to compensate for meterage, depreciation and other related expenses, on a continuing basis for their vehicle.

Employee Name: _____

Address: _____

VIN: _____

Verified by Officer

Of Union _____

Signature

Name (print)

Title