

**T.A.C.S. The Auto Collision Specialists, Inc.**  
**525 Route 9W Glenmont, New York 12077**  
(518) 462-3977 office (518) 462-1035 FAX  
[TACSAutoBodyService@gmail.com](mailto:TACSAutoBodyService@gmail.com)

**ALL LOANER VEHICLES ARE NONSMOKING**

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

1. THE RECIPIENT'S WILL BE RESPONSIBLE FOR ANY AND ALL DAMAGE AND LIABILITY ARISING OUT OF OR IN ANY WAY RELATED TO THE USE AND OPERATION OF THIS LOANER CAR.
2. IF THE VEHICLE IS DAMAGED, THE RECIPIENT HAS THE RIGHT TO REQUEST A SECONDARY ESTIMATE FOR REPAIR OF SAID VEHICLE.
3. THE RECIPIENT IS AT LEAST 25 YEARS OF AGE OR OLDER AND HOLDS A VALID US DRIVER'S LICENSE AND AGREES TO BE THE SOLE OPERATOR OF SAID LOANER VEHICLE.

**VEHICLE INFORMATION:** MAKE/MODEL \_\_\_\_\_ PLATE # \_\_\_\_\_

**MILEAGE OUT** \_\_\_\_\_  
**FUEL LEVEL OUT** F  $\frac{3}{4}$   $\frac{1}{2}$   $\frac{1}{4}$  E  
**EZPASS OUT** YES NO

**MILEAGE IN** \_\_\_\_\_  
**FUEL LEVEL IN** F  $\frac{3}{4}$   $\frac{1}{2}$   $\frac{1}{4}$  E  
**EZPASS IN** YES NO

**DAMAGE ON SIGNOUT** – \_\_\_\_\_

**DAMAGE ON RETURN** – \_\_\_\_\_

I hereby entirely assume sole and absolute responsibility and liability for any damage to the vehicle described above and owned by **T.A.C.S. The Auto Collision Specialists, Inc. (TACS)** and for any and all damages, loss, expense, fee and/or claim resulting from or relating to the operation of said vehicle while it is in my possession or under my control.

I have motor vehicle liability insurance coverage which complies with the State of New York minimum liability requirements and is sufficient to provide vehicular coverage against any and all losses, damages, expense, fee and/or claim and hereby agree to indemnify and hold **TACS** harmless from and against any and all losses, claims, damages, expenses and/or fees, including attorney's fees, related to my possession of said vehicle while it is in my possession or under my control.

**CUSTOMER INFORMATION:**

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

T.A.C.S. Employee \_\_\_\_\_ Date \_\_\_\_\_

**A COPY OF YOUR DRIVER'S LICENSE AND INSURANCE CARD MUST BE KEPT ON FILE**