



LEASED VEHICLE ODOMETER DISCLOSURE NOTICE AND STATEMENT

Account: _____

If you are purchasing from or returning to a Cadillac or GM dealership:

- 1. Take this form with you to the dealership.
2. Complete and sign this document.
3. Give the document to the dealer, and get a copy for your records.

If you are purchasing the vehicle from Cadillac Financial, complete and send payment to:

Cadillac Financial Leasing
Attn: Treasury Operations
P.O. Box 736314
Dallas, TX 75373-6314

If you forget this form and you don't sign an odometer statement at the dealership, complete this after you turn in your vehicle and send it to Cadillac Financial in one of the following ways:

- By fax: 1-877-470-9870
- By email: LeaseEndExperience@gmfinancial.com
- By mail: Cadillac Financial
P.O. Box 183692
Arlington, TX 76096-3692

Note: Customers located in AZ, AR, CO, FL, HI, KS, NC, PA, SD and VT can't purchase their vehicles directly from Cadillac Financial; residents of these states will need to visit a Cadillac or GM dealership to purchase.

Federal law (and state law, if applicable) requires that the lessee disclose the mileage of a leased vehicle to the lessor in conjunction with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. Complete the disclosure form below and return it to Cadillac Financial.

I, _____ (print name of person making disclosure) state that the odometer now reads _____(no tenths) miles and (please check one box):

- I hereby certify that, to the best of my knowledge, it reflects the actual mileage of the vehicle described below; or
- I hereby certify that, to the best of my knowledge, the odometer reading reflects the amount of mileage in excess of its mechanical limits; or
- I hereby certify that the odometer reading is NOT the actual mileage.

Table with 5 columns: VIN (Vehicle Identification Number), Year, Make (Cadillac), Model, Body Type.

Lessee Name _____

Lessee Address _____
(Street)

(City) (State) (ZIP Code)

PLEASE SIGN HERE

Lessee Signature _____ Date of Statement _____

FOR CADILLAC FINANCIAL USE ONLY BELOW

Lessor Name and Address: Cadillac Financial
P.O. Box 183692
Arlington, TX 76096-3692
Lessor Signature _____
Date Disclosure Form Sent to Lessee _____
Date Completed Disclosure Form Received by Lessor _____