

# Test Drive Vehicle Handover Log

Customer Name

Contact

Date

Time Out

Time In

Vehicle Make/Model

Registration No.

Odometer Out

Odometer In

Checklist

Item	OK	Remarks
Exterior Condition	<input type="checkbox"/>	<input type="text"/>
Interior Cleanliness	<input type="checkbox"/>	<input type="text"/>
Fuel Level	<input type="checkbox"/>	<input type="text"/>
Documents Present	<input type="checkbox"/>	<input type="text"/>
Accessories	<input type="checkbox"/>	<input type="text"/>

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Customer Signature

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Staff Signature