

COLLECTION APPLICATION – VEHICLES

Please complete this application and return it with *clear* photos of the proposed vehicle, both interior and exterior, as well as any other information you feel pertains to the donation to the museum. Any vehicle under consideration may be subject to an in-person inspection by a Museum representative.

Please send this form and photos via email or postal to:

Miles Through Time 3651 Peachtree Pkwy Ste. E206 Suwanee, GA 30024 sean@milesthroughtime.com

Contact Information						
First & Last Name:						
Address:	City:	State:	Zip:			
	Phone:					
Preferred method of contact:	Phone	al mail				
Is this to be a \square LOAN or a \square DO Museum? (please mark ONE)	ONATION to the Miles Th	rough Time Autom	otive			
Description						
Year: Make: _		Model:				
VIN / ID #:	Color:	Mileage:				
Engine (cyl, cu. in., etc.):	Tran	smission:				
HP: Weight:		_ Wheelbase (inch	es):			
Total Production:						
When and how did you acquire t additional pages if necessary:						
Transportation	1.1	. 10 — 77	— > T			
Are you willing to transport the		-	⊔ No			
	le located?					
Indoor or outdoor storage	e? □ Indoor □ Outdoor	r				



Condition			
Mechanical Condition	/ Drivability:		
Cosmetic Condition:			
Cosmetic Condition: _			

Please use the legend below to mark any details about your vehicle that the Museum's Collection Committee should be aware of:

LEGEND

- A Scratched
- B Dented
- C Bent
- D Caved
- E Crushed
- F Broken
- G Loose
- H Paint
- I Underpaint
- J Cracked
- K Chipped
- L Scraped
- M Marred
- N Rubbed
- O Nicked
- P Pitted
- R Rusted
- S Soiled
- T Torn
- U Watermarked
- V Repaired

