

REQUEST.

SELF-DRIVING EXPERIENCE WITH A HISTORIC VEHICLE FROM BMW GROUP CLASSIC.

Please send to classic.dispo@bmwgroup.com

ENQUIRER.

Name

Tel. no.

BILLING ADDRESS.

Name

Street / No.

Zip / post code / City

PLEASE NOTE: A VALID BILLING ADDRESS IS REQUIRED TO FULLY PROCESS YOUR REQUEST.

Type of rental: One-day rental

Weekend rental

Preferred date
(Beginning of rental)

Alternative date
(Beginning of rental)

Preferred vehicle

Alternative vehicle

Continues on next page.

Planned pick-up time

Planned time of return

Additional drivers

0

1

2

Comments/questions