

REQUEST.

SELF DRIVING EXPERIENCE WITH A HISTORIC VEHICLE OF BMW GROUP CLASSIC.

Please send to classic.dispo@bmwgroup.com

ENQUIRER

Name

Tel. No.

BILLING ADDRESS

Name

Straße / No.

Zip Code / City

**ATTENTION! DUE TO SYSTEM SPECIFICATIONS ANY FURTHER PROCESSING OF YOUR REQUEST
PRESUPPOSES A VALID BILLING ADDRESS.**

Type of rental

One-day rental

Weekend rental



Desired date (Beginning of rental)

Alternative date (beginning of rental)

Desired vehicle

Alternative vehicle

Planned pick-up time

Planned time of return

Additional drivers	0	1	2
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Comments / questions