Vehicle Condition Report for all Motor Vehicles

Applicant Name / Number _____

VIN # _____ **Miles** _____

Year _____ **Make** _____ **Model** _____

Please provide the information requested below:

Condition
(Circle One)

Mechanical

Engine..... Good / Fair / Poor
Make: _____
Model: _____
H.P. _____

Transmission ..... Good / Fair / Poor
Make: _____
Model: _____
# of Speeds: _____ Manual / Automatic

Brakes
Front End _____ % Remaining
Rear End _____ % Remaining

Battery ..... Good / Fair / Poor

Wheels ..... Good / Fair / Poor
Quantity, Steel _____ # New Only
Quantity, Aluminum _____ # New Only

Tires
Right Front _____ % Remaining
Right Rear _____ % Remaining
Left Front _____ % Remaining
Left Rear _____ % Remaining

Accessories

Cruise ..... Y / N
Tilt Wheel ..... Y / N
AM/FM Stereo ..... Y / N
Air Ride Susp..... Y / N
Single or Dual: _____
Air Ride Seat..... Y / N
Air 5th Wheel ..... Y / N
Tag/Pusher Axle ..... Y / N
Sleeper ..... Y / N
Size: _____
Type: _____

Body

5th Wheel ..... Y / N
Flatbed ..... Y / N
Dump Body..... Y / N
Size: _____
Stakebed..... Y / N
Other _____

Glass .....Good / Fair / Poor

PHOTOS ATTACHED? YES / NO

_____ _____
Print Name-Company-Title **Phone Number**

_____ _____
Signature **Date**

Signer has personally inspected the subject equipment.

_____ _____
Broker Signature **Date**

REQUIRED IF REPORT NOT COMPLETED BY BROKER OR BROKER'S REPRESENTATIVE.

A FACSIMILE OF THIS REPORT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL.