



Vehicle Condition Report for all Motor Vehicles

Applicant Name:
VIN #:
Miles:
Year:
Make:
Model:

Please provide the information requested below:

<u>Mechanical</u>	<u>Condition</u>	<u>Accessories</u>	
Engine	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Cruise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make		Tilt Wheel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Model		AM/FM Stereo	<input type="checkbox"/> Yes <input type="checkbox"/> No
H.P.		Air Ride Susp.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Transmission</u>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<i>Single</i>	
Make		<i>Dual</i>	
Model		Air Ride Seat	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of Speeds		Air 5 th Wheel	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Brakes</u>		Tag/Pusher Axle	<input type="checkbox"/> Yes <input type="checkbox"/> No
Front End	% Remaining	Sleeper	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rear End	% Remaining	<i>Size</i>	
<u>Battery</u>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<i>Type</i>	
<u>Wheels</u>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<u>Body</u>	
Quantity, Steel	# New Only	5 th Wheel	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity, Aluminum	# New Only	Flatbed	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Tires</u>		Dump Body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right Front	% Remaining	<i>Size</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Left Front	% Remaining	Stakebed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Right Rear	% Remaining	<i>Other</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Left Front	% Remaining	<u>Glass</u>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

PHOTOS ATTACHED: YES NO

Signature: _____

Date: _____

Signer has personally inspected the subject equipment

Broker Signature: _____

Date: _____

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

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