

Vehicle Condition Report for all Motor Vehicles

Applicant Name:
 Application Number:
 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 | Single <input type="checkbox"/> |
| Make | | Dual <input type="checkbox"/> |
| 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 | Size |
| <u>Battery</u> | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | Type |
| <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 | Size <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Left Front | % Remaining | Stakebed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Right Rear | % Remaining | Other <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

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.

AN ELECTRONIC COPY OF THIS DOCUMENT SHALL BE CONSIDERED TO BE AN ORIGINAL