

Vehicle Condition Report for all Motor Vehicles

Applicant Name:		Number:
VIN#		Miles:
Year:	Make:	Model:
Please provide the	ne information requested be	low:
	Condition (Check one)
Mechanical:		Accessories:
Make: Model: #of Speeds: Brakes: Front End: Rear End:	Good/	Cruise:
	I ☐ Good/ ☐ Fair/ ☐ Poor	Body:
Quantity, Steel Quantity, Aluminu Tires: Right Front: Right Rear: Left Front:	#New Only #New Only #Remaining %Remaining %Remaining %Remaining %Remaining	5th Wheel: ☐ Yes/☐ No Flatbed: ☐ Yes/☐ No Dump Body: ☐ Yes/☐ No Size: Stake bed: ☐ Yes/☐ No Other: Glass: ☐ Good/☐ Fair/☐ Poor
	PHOTOSATTACE	HED? YES/ NO
Print Name-Co	mnany-Title	Phone Number
Time Name Co.	inputty Title	Thone rambe
Signature Signer has perso	nally inspected the subject equip	Date ment.
Broker Signatur	<u> </u>	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.