

Salesperson:			Stock:		
VIN:					
Name:					Date:
Address:					Phone:
Year:	Make:	Model:			Eng:
Trim:	Color:	Inter. Color:	Trans: Automatic/Manual	4x4:	
Mileage:					
Power Locks	<input type="checkbox"/>	Tilt	<input type="checkbox"/>	DVD	<input type="checkbox"/>
Power Windows	<input type="checkbox"/>	Cruise	<input type="checkbox"/>	Trailer Tow	<input type="checkbox"/>
A/C	<input type="checkbox"/>	Moonroof	<input type="checkbox"/>	Leather	<input type="checkbox"/>
				Rear A/C	<input type="checkbox"/>
				Power Seat	<input type="checkbox"/>
				Boards	<input type="checkbox"/>
				Heated Seats	<input type="checkbox"/>
				Navigation	<input type="checkbox"/>
				3rd Seat	<input type="checkbox"/>
Condition	ok	Cost	Condition	ok	Cost
Top	<input type="checkbox"/>		Brakes	<input type="checkbox"/>	
Hood	<input type="checkbox"/>		Exhaust	<input type="checkbox"/>	
Fenders	<input type="checkbox"/>		A/C	<input type="checkbox"/>	
Doors	<input type="checkbox"/>		Steering/Align.	<input type="checkbox"/>	
Deck Lid	<input type="checkbox"/>		Tires:	<input type="checkbox"/>	
Paint	<input type="checkbox"/>		Front -	<input type="checkbox"/>	
Bumpers	<input type="checkbox"/>		Rear -	<input type="checkbox"/>	
Grille	<input type="checkbox"/>		Windshield	<input type="checkbox"/>	
Upholstery	<input type="checkbox"/>			<input type="checkbox"/>	
Rugs	<input type="checkbox"/>		2 Sets of Keys	<input type="checkbox"/>	
Motor	<input type="checkbox"/>		Owners Manual	<input type="checkbox"/>	
Trans.	<input type="checkbox"/>			<input type="checkbox"/>	
Name(s) on the Title:			Salvage/Flood/Stolen or Other? Yes / No		
Where is the title physically located at?					
Has your vehicle ever been smoked in?					Yes / No
Has your vehicle ever been modified from its original equipment?					Yes / No
Has your vehicle ever been involved in an accident?					Yes / No
Are you removing any equipment from the vehicle?					Yes / No
Are you the Original Owner of the vehicle?					Yes / No
Customer Signature			Appraised Value:		