

VEHICLE CONDITION REPORT

BRIDGE CUSTOMER

COMPANY NAME: _____

VENDOR / APPRIASER

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EQUIPMENT INFORMATION

VEHICLE DESCRIPTION: _____ VIN #: _____

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ ENGINE (GAS / DIESEL): _____ MILES / HOURS: _____

PLEASE USE THE FOLLOWING RATINGS FOR THE INFORMATION BELOW: G = GOOD F = FAIR P = POOR

BODY

FRONT: _____

REAR: _____

LF: _____

RF: _____

LR: _____

RR: _____

DOORS

RIGHT: _____

LEFT: _____

INTERIOR

UPHOLSTERY: _____

INS. PANEL: _____

GLASS

FRONT: _____

REAR: _____

RIGHT: _____

LEFT: _____

MECHANICAL

ENGINE: _____

TRANSMISSION: _____

CLUTCH: _____

BRAKES: _____

BATTERY: _____

REAR END: _____

TIRES

RF: _____ %

RR: _____ %

LF: _____ %

LR: _____ %

LIGHTS

HEAD: _____

TAIL: _____

SIGNAL: _____

CLEARANCE: _____

PLEASE USE THE FOLLOWING TO ANSWER THE INFORMATION BELOW: Y = YES N = NO _____

ACCESSORIES

AUTO TRANS: _____

MANUAL TRANS: _____ SPEED

POWER STEERING: _____

POWER BRAKES: _____

POWER WINDOWS: _____

POWER SEATS: _____

CRUISE CONTROL: _____

TILT: _____

4 WHEEL DRIVE: _____

CUSTOM WHEELS: _____

AM: _____

FM: _____

POWER DOOR LOCKS: _____

STEREO: _____

UPON COMPLETION OF THIS CONDITION REPORT, PLEASE SIGN WHERE INDICATED BELOW AND RETURN WITH THREE (3) COLOR PHOTOGRAPHS OF THE EQUIPMENT.

THIS CONDITION REPORT WAS COMPLETED BY:

(PLEASE PRINT)

(TITLE)

(SIGNATURE - THE SIGNER HAS PERSONALLY INSPECTED THE SUBJECT VEHICLE)

(DATE)