



VEHICLE APPRAISAL

CUSTOMER #

Name _____

Address _____

City _____

State _____

Zip _____

Date _____

() _____

Telephone (Day)

() _____

Telephone (Night)

VIN

Make _____ Model _____ Year _____ Colour _____

Original Owner: Yes No Title Number _____ Lic. Plate # _____

Odometer Reading in Miles

Customer Initial

	Yes	No		Yes	No		Yes	No
Maintenance Performed	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Available	<input type="checkbox"/>	<input type="checkbox"/>	Owner Manual Present	<input type="checkbox"/>	<input type="checkbox"/>
Body Work Performed	<input type="checkbox"/>	<input type="checkbox"/>	Documentation Available	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle History Check Performed	<input type="checkbox"/>	<input type="checkbox"/>

EQUIPMENT

Sunroof <input type="checkbox"/>	Power Steering <input type="checkbox"/>	Power Locks <input type="checkbox"/>	Window Antenna <input type="checkbox"/>	AM/FM/Satellite Radio <input type="checkbox"/>
Fog Lights <input type="checkbox"/>	Power Brakes <input type="checkbox"/>	Power Trunk <input type="checkbox"/>	Tilt Steering <input type="checkbox"/>	CD/MP3 <input type="checkbox"/>
Air Conditioning <input type="checkbox"/>	Leather Interior <input type="checkbox"/>	Power Windows <input type="checkbox"/>	Power Mirrors <input type="checkbox"/>	Alloy Wheels <input type="checkbox"/>
Cruise Control <input type="checkbox"/>	4-Wheel Disc Brakes <input type="checkbox"/>	Power Seats <input type="checkbox"/>	Power Antenna <input type="checkbox"/>	Remote Keyless Entry <input type="checkbox"/>
				DVD Player <input type="checkbox"/>
				Rear Spoiler <input type="checkbox"/>

SAFETY FEATURES

Driver Safety Bag <input type="checkbox"/>	Traction Control <input type="checkbox"/>	OnStar <input type="checkbox"/>	B/T Shift Interlock <input type="checkbox"/>	Rear Window Defroster <input type="checkbox"/>
ABS <input type="checkbox"/>	Passenger Safety Bag <input type="checkbox"/>	Head-Up Display <input type="checkbox"/>	Rainsense Wipers <input type="checkbox"/>	Daytime Running Lights <input type="checkbox"/>
Traction Control <input type="checkbox"/>	Child Proof Rear Door Locks <input type="checkbox"/>	Night Vision <input type="checkbox"/>	Rear Parking Assist <input type="checkbox"/>	Front Cornering Lights <input type="checkbox"/>
				Tinted Safety Glass <input type="checkbox"/>
				High-Mount Brake Lights <input type="checkbox"/>

TRANSMISSION Auto Manual 4x4 5-Cylinder

ENGINE 4-Cylinder 6-Cylinder 8-Cylinder Diesel

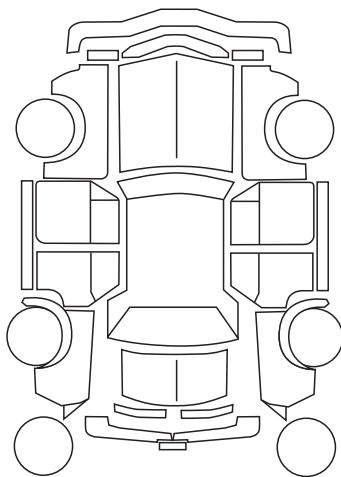
OTHER Factory Warranty Extended Warranty Months Remaining _____ Miles Remaining _____

PRODUCT SPECIALIST NAME: _____ **SIGNATURE:** _____

PRODUCT SPECIALIST TO COMPLETE

EVALUATOR TO COMPLETE

VEHICLE APPEARANCE



Rust ___ R Dent ___ D Scratch ___ S
Chip ___ C Worn ___ W Broken ___ B
Crease ___ K

Component	Needed	Group	Comments
Tune Up	<input type="checkbox"/>	Engine	
Value Train	<input type="checkbox"/>		
Major O/H	<input type="checkbox"/>		
C/V Joints	<input type="checkbox"/>	Driveline	
U-Joints	<input type="checkbox"/>		
Differential	<input type="checkbox"/>		
Transmission	<input type="checkbox"/>	Steering	Vehicle Evaluation Purchase/Trade-In Market Value \$
Align	<input type="checkbox"/>		
Balance	<input type="checkbox"/>		
Ball Joints	<input type="checkbox"/>	Brakes	Less Reconditioning Costs \$
Rack	<input type="checkbox"/>		
Pads	<input type="checkbox"/>		
Rotors	<input type="checkbox"/>	Glass	Actual Cash/Trade-In Value \$
Drums	<input type="checkbox"/>		
Repair	<input type="checkbox"/>		
Replacement	<input type="checkbox"/>	Miscellaneous	
Insurance	<input type="checkbox"/>		
Interior Seats	\$		
Detail	\$	Body	Evaluator
Other	\$		
		Paint	
		Tires	Salesperson
Total Reconditioning			\$

Trade-in Buy in Wholesale Retail As is

EVALUATOR NAME: _____ **SIGNATURE:** _____

CUSTOMER TO COMPLETE

VEHICLE DISCLOSURE

Has the odometer ever been altered? Yes No

If yes, what is the exact mile reading: _____

Has the vehicle ever been declared a total loss? Yes No

If yes, explain: _____

Was the vehicle ever involved in an accident? Yes No

If yes, explain: _____

If yes to previous question, did the vehicle suffer any frame damage? Yes No

If yes, explain: _____

Has the vehicle had any paint repairs done to it? Yes No

If yes, explain: _____

If yes to previous question, what was the dollar amount of repairs? \$ _____

Are you the original owner of this vehicle? Yes No

If no, the number of owners this vehicle has had: _____

Are there any liens on this vehicle? Yes No

If yes, please state the dollar amount \$ _____

Has the Supplemental Inflatable Restraint System (Air Bag) ever been deployed? Yes No

If yes, explain: _____

Has the vehicle ever been stolen and recovered? Yes No

If yes, explain: _____

I declare the answers that I have provided are correct.. I agree that submitting any false information may affect an accurate appraisal of my vehicle.

CUSTOMER NAME: _____ **SIGNATURE:** _____

COMMENTS: _____
