

Customer:

Trade Evaluation

Date:

YEAR:	MAKE:	MODEL:	VIN:
TRIM LEVEL:			

ENGINE:					
LITERS:	<input type="checkbox"/> 4CYL	<input type="checkbox"/> 6CYL	<input type="checkbox"/> 8CYL	<input type="checkbox"/> 10CYL	<input type="checkbox"/> DIESEL

MILEAGE	COLOR	TRANSMISSION			
		<input type="checkbox"/> AUTO	<input type="checkbox"/> 4SPD	<input type="checkbox"/> 5SPD	<input type="checkbox"/> 6SPD

Check (x) Options

WORKING?

	TP	CASSETTE	Y	N
	CD	COMPACT DISC		
	AC	AIR CONDITIONER		
	4X	4-WHEEL DRIVE		
	SR	POWER SUNROOF		
	PW	POWER WINDOWS		
	PL	POWER LOCKS		
	CC	CRUISE CONTROL		
	TW	TILT WHEEL		
	DA	REAR HEAT/AIR		
	PS	POWER SEAT		
	2D	2-DOOR		
	4D	4-DOOR		
	RC	REGULAR CAB		
	EC	EXTENDED CAB		
	CR	CREW CAB		
	QC	QUAD CAB		
	LS	LEATHER SEATS		
	CS	CLOTH SEATS		
	QS	QUAD SEATING		
	CH	CAPTAIN'S CHAIRS		
	TS	THIRD SEAT		
	PG	PRIVACY SEAT		
	LB	LONG BED		
	SB	SHORT BED		
	FB	FLAT BED		
	UB	UTILITY BODY		
	TT	TRAILER TOW		
	RB	RUNNING BOARDS		
	BL	BED LINER		
	TO	TOPPER		
	GG	GRILL GUARD		
	CW	CUSTOM WHEELS		
	DW	DUAL WHEELS		
	SW	SLIDING WINDOW		

INTERIOR	SEATS	<input type="checkbox"/> Good	<input type="checkbox"/> Torn	<input type="checkbox"/> Holes	<input type="checkbox"/> Stained/Faded	
	CARPETS	<input type="checkbox"/> Good	<input type="checkbox"/> Torn	<input type="checkbox"/> Holes	<input type="checkbox"/> Stained/Faded	
	DASH	<input type="checkbox"/> Good	<input type="checkbox"/> Cracked	<input type="checkbox"/> Other		
OPERATIONAL	ENGINE	<input type="checkbox"/> Good	<input type="checkbox"/> Runs Rough	<input type="checkbox"/> Other		
	TRANSMISSION	<input type="checkbox"/> Good	<input type="checkbox"/> Slips	<input type="checkbox"/> Shifts Hard		
	BRAKES/ROTORS	<input type="checkbox"/> Good	<input type="checkbox"/> Worn	<input type="checkbox"/> Needs Replacing		
	ODOMETER	<input type="checkbox"/> Works	<input type="checkbox"/> Broken	<input type="checkbox"/> Other		
	EXHAUST SYSTEM	<input type="checkbox"/> Good	<input type="checkbox"/> Noisy	<input type="checkbox"/> Needs Replacing		
EXTERIOR (NOTE ANY DAMAGE)	PAINT	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Faded	<input type="checkbox"/> Chipped
	BODY	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Dents	<input type="checkbox"/> Hail
	FRONT BUMPER	<input type="checkbox"/> Good	<input type="checkbox"/> Dented/Bent			
	GRILL	<input type="checkbox"/> Good	<input type="checkbox"/> Other			
	HOOD	<input type="checkbox"/> Good	<input type="checkbox"/> Dented			
	ROOF	<input type="checkbox"/> Good	<input type="checkbox"/> Dented			
	TRUNK LID	<input type="checkbox"/> Good	<input type="checkbox"/> Dented			
	LEFT SIDE	<input type="checkbox"/> Good	<input type="checkbox"/> Dented			
	RIGHT SIDE	<input type="checkbox"/> Good	<input type="checkbox"/> Dented			
	REAR BUMPER	<input type="checkbox"/> Good	<input type="checkbox"/> Dented/Bent			
LIGHTS/LENSES	<input type="checkbox"/> Good	<input type="checkbox"/> Broken	<input type="checkbox"/> Not Working			
WHEELS	TIRES	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
	SPARE	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Missing	
	JACK/TOOLS	<input type="checkbox"/> In Vehicle	<input type="checkbox"/> Missing			
GLASS	WINDSHIELD	<input type="checkbox"/> Good	<input type="checkbox"/> Chipped	<input type="checkbox"/> Broken		
	WINDOWS	<input type="checkbox"/> Tinted				

PAYOFF-\$ _____ GOOD UNTIL ____/____/____

TO: _____ PER DIEM\$ _____

Has Vehicle Been Damaged in Excess of \$7,500? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMMENTS: