

Print Name of Associate: A. Romo Signature of Associate: [Signature] Date: 11-18-11

Are there exceptions from the Vehicle Listing or Condition Report?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
EXCEPTIONS [Please put details of any exceptions in the Notes section below]		
Exterior	Body damage not disclosed (but damage, scratches, dents, etc.) Glass damage not disclosed (windshield cracked, chipped, etc.) Obvious paint work not previously disclosed Check head/tail lights for damage not noted Front/rear windshield wipers missing Check for obvious omissions (hub caps, front grill, etc.) OTHER	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> None <input type="checkbox"/>
Tires	Check tread depth, is tread less than 3/32"? Do tires match? Are wheels damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Interior	Damage to dash, console, slide panels, etc. not noted Tears in upholstery, stains, carpet, headliner, etc. Missing items: knobs, radio, DVD player, etc. Vehicle Information (Color, sunroof, stereo) Smell: Does the car have a foul order (smoke, etc.)? Is the Transmission different from the Ad or CR? Is the Engine different than listed? If yes, describe below.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Mileage	Does Mileage match listing? Actual Miles if different from listing: <u>92,594</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Exceptions		
Sections below are to be filled in by the Online Representative After the walk around, is there a need to contact the Buyer or Seller regarding disclosure items noted above? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Notes		

Instructions: Print a copy of the OVE.com Vehicle Detail page from the listing, including full comment section (in Landscape view) and the CR when there is one. If the comments are longer than the scrolling box, copy and paste them in a new document and print. Conduct Walk Around to verify Vehicle Listing & CR match vehicle. This form should be used to document the exceptions. Verification Type (circle) Condition Report Vehicle Listing

Purchasing Dealership: Maxima North America Last Six of VIN: 062897

Year: 06 Make: Toyota Model: 4Runner Trim/Series: White Was Full VIN verified? ☒ YES ☐ NO

Courtesy Walk Around Exception Form

FOR INTERNAL USE ONLY

ove.com ONLINE VEHICLE EXCHANGE

2011-11-23-11

Fax: 474355876

Seller Information

Date: 11/18/2011 Date:

Inspection

Requested _____ Completed _____

Reconditioning Recommendations

General Comments:

Frame Check

Arbitratable Items Found? ☐ Yes ☒ No

FRAME OR UNIBODY STRUCTURAL DATA

FLOOD DAMAGE

PAINTWORK INSPECTED

ACCESSORIES (Electrical)

TRANSMISSION

SRS (Supp Restraint System/Air

A/C COMPRESSOR ENGAGEMENT

EMISSION CONTROL EQUIPMENT

ABS/BRAKES

4X4 SYSTEM OPERABLE

ENGINE

ODOMETER

Vehicle Inspection

Vehicle Inspection

Opt: ENG: 8CY R: N TRN: A PB: A AC: Y EW: X TOP: HT CC: X EL: X INT: C CLR: Gta 4X4: X SRS: N H/C: N

၂၈၂

VIN: JTEBT14R160062297

Miles: 92,594

Color: White

Model: 4RUNNER SPT

Yt/Mk:2006 TOYOTA

Run#: 2011-047-92-0017

Vehicle Information

WILKINSON POST SALE INSPECTION CHECKLIST

9:17:22

Notes

Dealership: 5230120 MAKMAL NORTH AMERICA CO

Contact:

Telephone 6-840-5849

647-435-5876

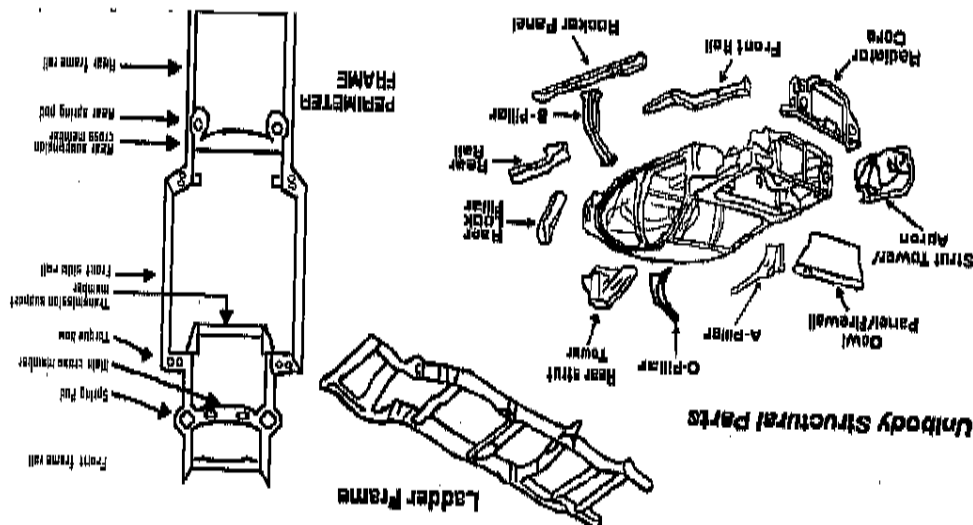
****HSC****

Work order: 1138705

REQUESTED **7-DAY GUARANTEE**

OK	N/A	Concerts	Check Points
----	-----	----------	--------------

Comment

☐ No Apparent Visible Damage ☐ Frame / Structural Damage (see below)

Crime Inspection