

- APPRAISAL -

Sales Associate \_\_\_\_\_ Date \_\_\_\_\_

Customer \_\_\_\_\_ Stock # \_\_\_\_\_

13. Has your vehicle ever been damaged, involved in an accident, or ever had any paint or body work?

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1. Did you buy your vehicle new?      Yes      No
  2. How often was the oil changed? \_\_\_\_\_ When was the last time? \_\_\_\_\_
  3. How many miles are on the tires? \_\_\_\_\_
  4. What gas mileage are you getting? \_\_\_\_\_
  5. Is there a spare tire and jack? \_\_\_\_\_
  6. Will any equipment be removed or altered? \_\_\_\_\_
  7. Who holds the title? \_\_\_\_\_
  8. Who has the lien? \_\_\_\_\_
  9. Monthly Payment? \_\_\_\_\_ Approx. Payoff? \_\_\_\_\_
  10. Would you recommend your vehicle? \_\_\_\_\_
  11. May a prospective customer contact you about this vehicle? \_\_\_\_\_
  12. Is there a service contract that can be cancelled? \_\_\_\_\_

Customer's Signature \_\_\_\_\_

ACV \_\_\_\_\_ Manager \_\_\_\_\_

VIN \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Trim \_\_\_\_\_ Miles \_\_\_\_\_

Engine Size 3, 4, 6, 8, D \_\_\_\_\_ liter Color \_\_\_\_\_ Auto Trans. \_\_\_\_\_ Manual Trans. \_\_\_\_\_

_____ A/C Cold: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Power Seats	_____ Luggage Rack
_____ Rear A/C	_____ AM/FM Radio	_____ Trailer TOW
_____ Power Windows	_____ Cassette Player	_____ Bed liner
_____ Power Locks	_____ CD Player	_____ Sliding Glass
_____ Keyless, Number of Fobs _____	_____ Sunroof	_____ Overhead Console
_____ Tilt Steering	_____ Captain's Chairs	_____ Sliding Glass
_____ Cruise Control	_____ Alloy Wheels	_____ Running Board
_____ Leather Heated Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ 4x4 or AWD	_____ _____

Remarks:

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