

Your Information:

Name: _____

Address: _____

City, State ZIP: _____

Email: _____

Phone: _____

Your Vehicle Description:

Type: Automobile

Year of manufacture: _____

Truck

Condition: Excellent

Boat

Good

Recreational Vehicle

Fair

Color: _____

Poor

Manufacturer: _____

Model: _____

Engine Type/Size: _____

Odometer/Hours: _____

Does the vehicle run? Yes Yes, but needs work No

If no, can it be pushed/pulled onto a trailer?: Yes No

Are there part missing: No I don't know Yes

If yes, please list missing parts: _____

For Boats: Length: _____ Width: _____

Comes with a trailer? Yes No

In your own words, please describe the vehicle. Also include anything that is wrong with the vehicle or may need repair. Use the back of this form for more room: _____
