Vehicle Description Form

Year:_____ Make:_____ Model:_____

Vin#_____(Please Print Clearly)

Engine: _____L _____V (Circle One of the Following) GAS or DIESAL

Mileage:_____ Title Restriction (Circle One): YES or NO

Does this vehicle start? Run? Does it need a boost?
Explain:_____
_____
_____

Repairs needed to
engine:_____
_____
_____

Transmission: (Circle One of the Following) AUTOMATIC or MANUAL

Repairs needed to
transmission:_____
_____
_____

Hydraulic Repairs Needed? If yes, explain what types of repairs_____
_____
_____

General Condition: (Please Describe if it is operable/, and if NO explain what other types of repairs are needed.)_____
_____
_____

Interior: Color_____

(Circle One of the Following) Cloth/Vinyl/Leather and Describe Condition of Interior_____
_____

Radio: (Circle One) AM, AM/FM, AM/FM/CASSETTE, AM/FM//CD

Does the Radio Work?_____

Does this Vehicle have Air Conditioning and Does it work? If no, explain repairs_____
_____

(Circle what this vehicle contains) Air bags, Dual, Cruise Control, Tilt Steering, Remote Mirrors, Climate Control, Power: Windows, doors, locks, steering, seats

Other:_____

Window Condition (ex: any cracked glass, scratches):_____

Tire Condition:_____

Minor and/or Major Dents :(Please Describe type of dent or scratch (i.e. large, small, major or minor,) and where the dents are located:_____
_____

Decals? Are there any? Have they been removed? Impressions?_____
_____

Emergency Equipment? Has been removed? Impressions? Etc…_____
_____

Any other information you feel is necessary:_____
_____
_____
_____
_____
_____
_____
_____
_____

Date:_____

Signature:_____