



Class "C" Motor Home Condition Report

Stock# _____ Consignor _____

Arrival Date _____ Unit# _____

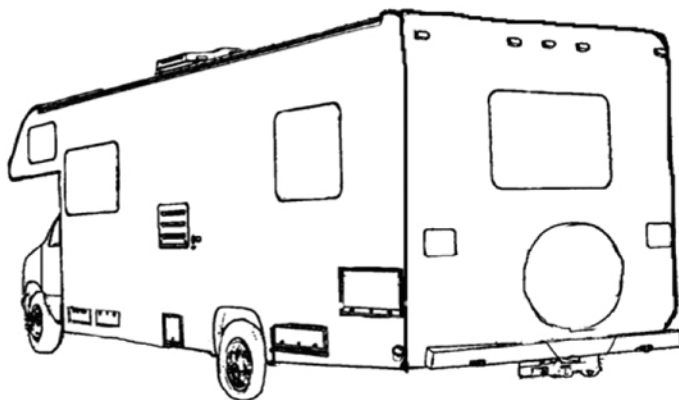
Customer Name _____

VIN _____

YEAR	MAKE	MODEL																		
MILEAGE:		COLOR:		CHASIS TYPE:		ENGINE SIZE: (GAS / DIESEL)														
KEYS: <input type="checkbox"/> IGNITION <input type="checkbox"/> DOORS/LOCKS		GENERATOR: (YES/NO)		HOURS:		SLIDE-OUTS (YES/NO) # OPERABLE: (YES/NO)														
<input type="checkbox"/> NO KEY <input type="checkbox"/> NO KEYS																				
DRIVABLE: (YES/NO)	ENTRY STEP: (PWR/MAN)	AUX. START: (YES/NO)	RADIO: <input type="checkbox"/> AM/FM <input type="checkbox"/> TD <input type="checkbox"/> CD		CAB EQUIPMENT: <input type="checkbox"/> A/C <input type="checkbox"/> CRUISE <input type="checkbox"/> TILT <input type="checkbox"/> PWR MIRRORS <input type="checkbox"/> PWR WINDOWS															



EQUIPMENT	LIVING AREA
<input type="checkbox"/> T.V. _____#	<input type="checkbox"/> REFRIGERATOR
<input type="checkbox"/> VCR _____#	<input type="checkbox"/> MICROWAVE
<input type="checkbox"/> SATELLITE SYS.	<input type="checkbox"/> STOVE (GAS / ELECTRIC)
<input type="checkbox"/> REVERSE CAMERA	<input type="checkbox"/> A/C UNIT
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> STEREO SYS.
<input type="checkbox"/> AUX BATTERY _____#	<input type="checkbox"/> WASHER / DRYER
<input type="checkbox"/> LEVELING SYSTEM TYPE _____	<input type="checkbox"/> BLINDS / CURTNS
<input type="checkbox"/> AWNING	<input type="checkbox"/> SHOWER / TUB
<input type="checkbox"/> PROPANE TNK _____#	<input type="checkbox"/> DINING TABLE SEATS _____#
<input type="checkbox"/> TOW PACKAGE	<input type="checkbox"/> SOFA SLEEPER(YES/NO)
<input type="checkbox"/> EXT. SHOWER	<input type="checkbox"/> KITCHEN FLOOR: (TILE / VINYL)
<input type="checkbox"/> LADDER	<input type="checkbox"/> OTHER
<input type="checkbox"/> ROOF STORAGE	
<input type="checkbox"/> EXT. HOOK-UPS	
<input type="checkbox"/> OTHER	



CONDITION	MECHANICAL
EXTERIOR	FLUID LEVELS OK: (YES / NO)
<input type="checkbox"/> GOOD	ODOMETER OPERABLE: (YES / NO)
<input type="checkbox"/> FAIR	TIRES: _____#
<input type="checkbox"/> POOR	FRONT TIRES:
INTERIOR	<input type="checkbox"/> GOOD
<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR
<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
<input type="checkbox"/> POOR	REAR TIRES:
FLOOR COVERINGS	<input type="checkbox"/> GOOD
<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR
<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
<input type="checkbox"/> POOR	SPARE: (YES/NO)
FURNITURE	UNIT LENGTH: _____ FT.
<input type="checkbox"/> GOOD	NOTES:
<input type="checkbox"/> FAIR	_____
<input type="checkbox"/> POOR	_____
FLOOR SOFT SPOTS: (YES / NO)	_____
ROOF LEAK MARKS: (YES / NO)	_____
_____	_____
_____	_____

CONDITION REPORT PREPARED BY:	_____	AUCTION:	_____	DATE:	_____
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