



Trailer/5th Wheel Condition Report

Stock# _____ Consignor _____

Arrival Date _____ Unit# _____

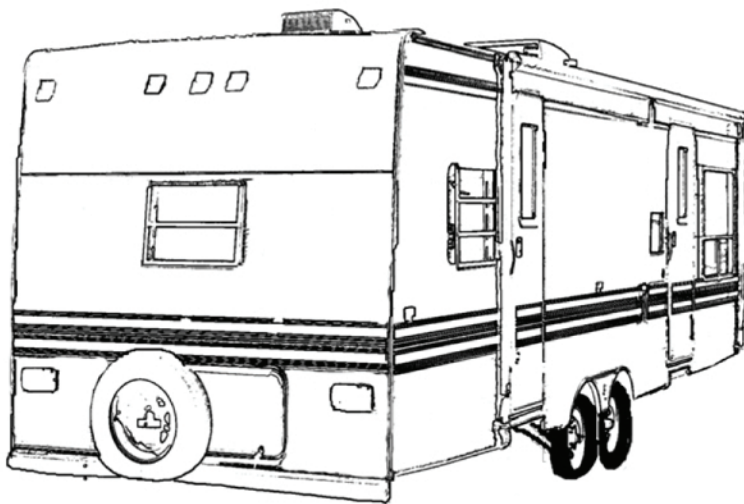
Customer Name _____

VIN _____

YEAR	MAKE	MODEL																		
KEYS: <input type="checkbox"/> ENTRY <input type="checkbox"/> NO KEY		<input type="checkbox"/> COMP.DOORS <input type="checkbox"/> NO KEYS		COLOR:				ENTRY STEP: (PWR / MAN)		5 th WHEEL JACKS OPERABLE: (YES / NO) (PWR / MAN)										
TONGUE LIFT: (PWR / MAN) OPERABLE: (YES / NO)				GENERATOR: (YES / NO)		HOURS:		SLIDE-OUTS (YES / NO) # OPERABLE: (YES / NO)												



EQUIPMENT	LIVING AREA
<input type="checkbox"/> T.V. _____ #	<input type="checkbox"/> REFRIGERATOR
<input type="checkbox"/> VCR _____ #	<input type="checkbox"/> MICROWAVE
<input type="checkbox"/> SATELITE SYS.	<input type="checkbox"/> STOVE
<input type="checkbox"/> ANTENNAE	<input type="checkbox"/> (GAS / ELECTRIC)
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> A/C UNIT
<input type="checkbox"/> AUX BATTERY _____ #	<input type="checkbox"/> STEREO SYS.
<input type="checkbox"/> LEVELING SYSTEM	<input type="checkbox"/> WASHER / DRYER
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
<input type="checkbox"/> WHEEL BLOCKS	SEATS _____ #
<input type="checkbox"/> EXT. SHOWER	<input type="checkbox"/> SOFA
<input type="checkbox"/> LADDER	<input type="checkbox"/> SLEEPER(YES/NO)
<input type="checkbox"/> ROOF STORAGE	<input type="checkbox"/> KITCHEN FLOOR:
<input type="checkbox"/> EXT.HOOK-UPS	(TILE / VINYL)
<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER



CONDITION	MECHANICAL
EXTERIOR	AXELS _____ #
<input type="checkbox"/> GOOD	TOW WIRING (YES / NO)
<input type="checkbox"/> FAIR	FRONT TIRES:
<input type="checkbox"/> POOR	<input type="checkbox"/> GOOD
INTERIOR	<input type="checkbox"/> FAIR
<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR
<input type="checkbox"/> FAIR	REAR TIRES:
<input type="checkbox"/> POOR	<input type="checkbox"/> GOOD
FLOOR COVERINGS	<input type="checkbox"/> FAIR
<input type="checkbox"/> GOOD	<input type="checkbox"/> POOR
<input type="checkbox"/> FAIR	SPARE: (YES / NO)
<input type="checkbox"/> POOR	
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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