

## TRADE-IN VEHICLE EVALUATION REPORT

OWNER'S NAME \_\_\_\_\_ CO-OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ NJ \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

VIN # \_\_\_\_\_ BODY \_\_\_\_\_ COLOR \_\_\_\_\_

EMAIL \_\_\_\_\_ SALESPERSON \_\_\_\_\_

**ASK THE CUSTOMER TO ANSWER, TO THE BEST OF CUSTOMER'S KNOWLEDGE, THE FOLLOWING QUESTIONS:**

- |   |   |
|---|---|
| <p>1. Where did you purchase this vehicle? _____</p> <p>2. When did you purchase this vehicle? _____</p> <p>3. In what state is this vehicle titled? _____</p> <p>4. Is this vehicle titled in the same name listed above? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Are you the original owner of the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Has this vehicle ever been titled as a salvage, junk or rebuilt vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>7. Has this vehicle been in an accident? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, please describe any damage to the vehicle. _____</p> <p>8. Are the emissions control equipment on this vehicle in good working order? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Has the vehicle's odometer been repaired or replaced? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. Has the airbag in this vehicle ever been deployed or disconnected? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, was it repaired or reconnected? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>By whom? _____</p> |
|---|---|

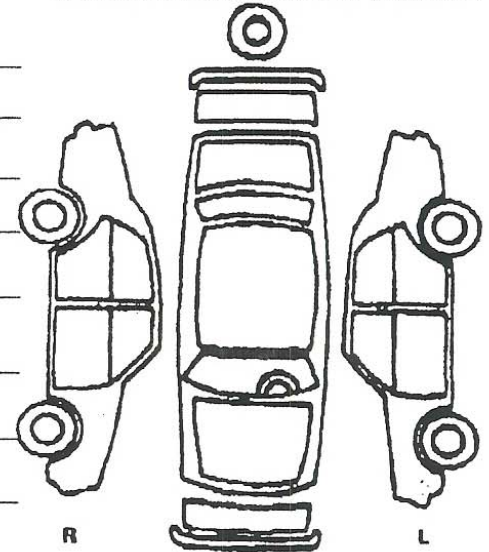
Odometer Reading \_\_\_\_\_ 5 Digit  Actual   
6 Digit  Not Actual  Customer Signature \_\_\_\_\_

**EVALUATION OF OVERALL VEHICLE CONDITION AND OPTIONS**

| <u>OPTION</u>          | <u>EVALUATION</u> |
|------------------------|-------------------|
| Front End              | _____             |
| Rear End               | _____             |
| Engine                 | _____             |
| Body/Paint             | _____             |
| Frame                  | _____             |
| Glass                  | _____             |
| Trunk                  | _____             |
| Tires                  | _____             |
| Power Equip/Electrical | _____             |

| <u>OPTION</u>     | <u>EVALUATION</u> |
|-------------------|-------------------|
| Brakes            | _____             |
| Seat Belts        | _____             |
| Seats/Carpet      | _____             |
| Heat/Air          | _____             |
| Gas/Oil/Emissions | _____             |
| Left Door         | _____             |
| Frame/Glove Box   | _____             |
| Stereo            | _____             |
| Exhaust System    | _____             |
| Transmission      | _____             |

NOTE ANY DAMAGE TO VEHICLE



NOTES

\_\_\_\_\_  
\_\_\_\_\_

Appraised Value \$ \_\_\_\_\_  
Adjusted Appraised Value \$ \_\_\_\_\_

EVALUATED BY: \_\_\_\_\_