



USED VEHICLE APPRAISAL

VIN Number _____

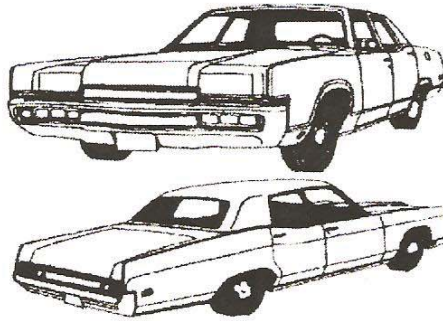
Name _____ Date _____

Address _____ Telephone: _____

Year _____ Make _____ Model _____ Cyl _____ Lic # _____ Mileage _____

COLORS: Body: Upper _____ Lower _____ Top _____ Upholstery _____

- | | |
|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Automatic | <input type="checkbox"/> Power Disc Brakes |
| <input type="checkbox"/> 4 Speed | <input type="checkbox"/> A/C |
| <input type="checkbox"/> 5 Speed | <input type="checkbox"/> Tilt Wheel |
| <input type="checkbox"/> 6 Speed | <input type="checkbox"/> Leather |
| <input type="checkbox"/> AM/FM | <input type="checkbox"/> Cruise Control |
| <input type="checkbox"/> Cassette | <input type="checkbox"/> Alarm |
| <input type="checkbox"/> CD | <input type="checkbox"/> Sun Roof |
| <input type="checkbox"/> CD Changer | <input type="checkbox"/> Moon Roof |
| <input type="checkbox"/> Entertainment Center | <input type="checkbox"/> Sport Wheels |
| <input type="checkbox"/> Navigation System | <input type="checkbox"/> 4 Wheel Drive |
| <input type="checkbox"/> Power Locks | <input type="checkbox"/> All Wheel Drive |
| <input type="checkbox"/> Power Seats | <input type="checkbox"/> ABS |
| <input type="checkbox"/> Power Windows | <input type="checkbox"/> Dual Air Bag |
| <input type="checkbox"/> Power Steering | <input type="checkbox"/> Side Air Bag |



GRADE: ☐ CLEAN ☐ AVERAGE ☐ ROUGH

USED CAR CHECK IN

Date: _____ Mileage: _____

Condition: _____

Checked in by: _____

Comments: _____

Appraiser: _____ Salesperson: _____

DISPOSAL: Retail Wholesale Junk

CONDITION		
	OK	EST
Top		
Hood		
Fenders		
Doors		
Trunk		
Bumpers		
Paint		
Grill		
Upholstery		
Exhaust		
Steering		
Alignment		
Tires		
Motor		
Transmission		
Clutch		
Brakes		
A/C		
Other		
Other		
Other		
Total Recond Estimate: 0		
Appraisal 0		
Less Glass or Ins Claim 0		
NET APPRAISAL: _____		