



EQUIPMENT CONDITION REPORT

FULL LEGAL VENDOR NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

STATE OF INCORPORATION: _____ YEAR ESTABLISHED: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX # _____

CUSTOMER\LESSEE NAME: _____

ADDRESS: _____

CITY: _____ STATE : _____ ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____ FAX # _____

EQUIPMENT MANUFACTURER: _____

MAKE\MODEL: _____ YEAR: _____

SERIAL NUMBER _____ MILEAGE\HOURS _____

COMPLETE EQUIPMENT DESCRIPTION: _____

CONDITION: GOOD _____ FAIR _____ POOR _____ EXPLAIN: _____

MAINTENANCE RECORD: (Include replaced\reconditioned parts) _____

FAIR MARKET VALUE \$ _____ **QUICK SALE \$** _____ **NEW \$** _____

METHOD OF ESTABLISHING VALUE: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____