

Used Equipment Condition Report

Applicant Name/ Number _____

Year Manufactured _____ Current Value _____

Serial No/ Vin No _____

Manufacturer _____

Model _____

Type of Power _____

(i.e. 220V/ Gasoline/ Diesel)

Hours _____

Description _____

Condition	G=Good	F=Fair	P=Poor
------------------	---------------	---------------	---------------

Overall Condition _____

Any major repairs needed? (YES/NO) If Yes, please explain _____

Photo's Attached ----- YES/ NO

Print Name of Inspector Title Company

Phone Number

Signature Date

Signer has personally inspected the subject equipment.
A Facsimile of this report with signature shall be considered to be an original.