

Guest Name: _____ Visit Date: _____ Visit Time: _____

How did you hear about us? _____ Sales Associate: _____

VEHICLE SELECTION

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Car | <input type="checkbox"/> New |
| <input type="checkbox"/> Truck/SUV | <input type="checkbox"/> Pre-Owned |
| <input type="checkbox"/> Van | <input type="checkbox"/> Best Value |

WHAT ARE YOUR TOP 3 EQUIPMENT PREFERENCES FOR THIS VEHICLE?

#1: _____

#2: _____

#3: _____

PREFERRED VEHICLE EXTERIOR

- Lighter Darker No Preference

DESIRED MONTHLY BUDGET

DESIRED INITIAL INVESTMENT

HOW WOULD YOU RATE YOUR CREDIT?

- 4 5 6 7 8 9

CURRENT VEHICLE INFORMATION

ARE YOU TRADING THIS VEHICLE?

- Yes No Maybe

YEAR: _____

MAKE: _____

MODEL: _____

MILEAGE: _____

IS THIS VEHICLE CURRENTLY:

- Financed Leased Owned

WHAT IS/WAS THE MONTHLY PAYMENT?

WHAT IS THE EXACT PAYOFF AMOUNT?

LENDER FINANCED OR LEASED WITH?

If owned, do you have the clean title with you?

- Yes No (explain _____)

GUEST INFORMATION

LEGAL NAME (AS IT WILL APPEAR ON VEHICLE TITLE): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE: _____ EMAIL: _____

TRADE CONDITION INFORMATION

What are you anticipating as your vehicle's current value? _____

What source was used to determine this amount? K.B.B. N.A.D.A. Black Book Other

(If you selected other, what is the other source?) _____

Does your vehicle have any upgraded Options or Packages? If so, then please list them below:

Please rate the below 10 key condition areas on your trade on a scale from 1-8 with 8 being the best current condition.

(1 - 8)

_____ **Tires** - How many Miles are on the current set of tires? _____

_____ **Brakes** - When was the last time the brakes were serviced? _____

_____ **Paint & Body** - Are there any scratches or dents larger than 2 inches? _____

_____ **Glass** - Are there any stars, chips, or cracks anywhere on the glass? _____

_____ **Maintenance** - Has all required maintenance been performed? _____

_____ **Interior** - Are there any stains or damage to the interior? _____

_____ **Wheels** - Are there any scrapes or scuffs on any of the wheels? _____

_____ **Electronics** - Are all electronics working as designed? _____

_____ **Suspension** - Does anything feel off with the suspension? _____

_____ **Engine** - Are you aware of any known current mechanical issues? _____

_____ **% TOTAL RATING**

Please note with an X the approximate area of any scratches, dents, glass damage, or body damage on the vehicle.

