



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: \_\_\_\_\_

\*For test drive and insurance protocol please obtain the guest's drivers license and verify that it is currently valid and that the home address is correct.

# 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.

