



GUEST SHEET

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.

