



Guest Name: \_\_\_\_\_ Visit Date: \_\_\_\_\_ Visit Time: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Sales Associate: \_\_\_\_\_

**VEHICLE SELECTION**

Car                       New  
 Truck/SUV               Pre-Owned  
 Van                          Best Value

**WHAT ARE YOUR TOP 3 EQUIPMENT PREFERENCES FOR THIS VEHICLE?**

#1: \_\_\_\_\_  
#2: \_\_\_\_\_  
#3: \_\_\_\_\_

**PREFERRED VEHICLE EXTERIOR**

Lighter     Darker     No Preference

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**DESIRED MONTHLY BUDGET**

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**DESIRED INITIAL INVESTMENT**

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**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?**

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**WHAT IS THE EXACT PAYOFF AMOUNT?**

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**LENDER FINANCED OR LEASED WITH?**

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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.

