

Control Number

Office Use Only

Vehicle Write-up/Check in Sheet

Auction Date _____

Today's Date _____

Consigner/Seller _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Mobile Number _____

Min. Selling Price _____

Year: _____ Make _____ Model _____

Vin Number: _____

Motor: _____ Miles: _____

Please Check One Of The Following:

Clear Title **Salvaged Title**

Auto Transmission **Manual Transmission** **Speed:** _____

Power Windows Power Locks Cruise AC AM/FM Cassette

CD Leather Moon Roof Sun Roof 4 Door 2 Door

4 x 4 Power Seats Extended Cab Running Boards

Condition/Damage (any scratches/dents/scrapes/ripples/paint peel/cracks/missing parts/ect. Please be as honest as you possibly can (anything not disclosed will forfeit the sale!) Also Please Limit your words and try to keep it short. Thank you!
