



**EQUIPMENT CONDITION REPORT**

FULL LEGAL VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX # \_\_\_\_\_

(CUSTOMER/LESSEE) COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX # \_\_\_\_\_

EQUIPMENT MANUFACTUER: \_\_\_\_\_

MAKE\MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_ MILEAGE\HOURS: \_\_\_\_\_

COMPLETE EQUIPMENT DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

CONDITION: GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_ EXPLAIN: \_\_\_\_\_

MAINTENANCE REDORD (Include replaced\reconditioned parts): \_\_\_\_\_

\_\_\_\_\_

FAIR MARKET VALUE \$ \_\_\_\_\_ QUICK SALE \$ \_\_\_\_\_ NEW \$ \_\_\_\_\_

METHOD OF ESTABLISHING VALUE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_