

Used Equipment Condition Report

(not for Trucks, Trailers, Construction or Material Handling)

Applicant's Name _____ **App #:** _____

Equipment Description: _____

Manufacturer: _____

Year: _____

Serial Number: _____

Primary Function: _____

Model: _____

Hours / Impressions / Usage: _____

Date of Last Maintenance: _____

List Accessories (w/model & serial #s): _____

Overall Condition: _____

PHOTOS ATTACHED? YES / NO

Print Name, Title, Company Name

Phone Number

Signature
Signer has personally inspected the subject equipment.

Date

Broker Signature
Broker's signature required if report not completed by broker or broker's representative.

Date

A FACSIMILE OF THIS REPORT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL.