

CONTACT NAME:	DATE:
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COMPANY NAME:

ADDRESS:

PHONE:	FAX:
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CAB AND CHASSIS

UNIT#:
YEAR: MAKE:
MODEL:
MILEAGE: OR: <input type="checkbox"/> <i>True Mileage</i> Unknown
VIN #:
ENGINE: <input type="checkbox"/> <i>GAS</i> <input type="checkbox"/> <i>DIESEL</i>
ENGINE MAKE: MODEL:
DISPLACEMENT: HP:
TRANSMISSION TYPE: <input type="checkbox"/> <i>AUTO</i> <input type="checkbox"/> <i>MANUAL</i>
TRANS MAKE: MODEL:
BRAKES: <input type="checkbox"/> <i>AIR</i> <input type="checkbox"/> <i>HYDRAULIC</i>
TIRE SIZE, FRONT: % TREAD:
TIRE SIZE, REAR: % TREAD:
GVW:
AXLE: <input type="checkbox"/> <i>SINGLE</i> <input type="checkbox"/> <i>TANDEM</i> <input type="checkbox"/> <i>TRIAXLE</i>
WHEELS:
DATE OF LAST DOT INSPECTION:
SALVAGED TITLE: <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i>
BODY TYPE: BED LENGTH:
BED MATERIAL: <input type="checkbox"/> <i>STEEL</i> <input type="checkbox"/> <i>WOOD</i>

DATE UNIT IS AVAILABLE:

LIST ANY REPAIRS NEEDED OR RECENTLY COMPLETED:

RATE TRUCK FROM 1 TO 10 (10 = perfect):	HOPE TO SELL UNIT FOR: \$
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I CERTIFY THAT THE UNIT REPRESENTED SHALL BE IN THE SAME CONDITION AT THE RELEASE FROM OWNERSHIP AS REPRESENTED ON THIS INSPECTION CHECKLIST AND PHOTOGRAPHS, WITHOUT ANY VARIATIONS OR OMISSIONS.

<i>CUSTOMER REPRESENTATIVE SIGNATURE</i>	<i>Carol Ludwig</i> <i>OPDYKE INC. REPRESENTATIVE SIGNATURE</i>
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