



EQUIPMENT CONDITION REPORT

SELLER'S NAME: _____ LESSEE'S NAME: _____
 ADDRESS: _____ ADDRESS: _____
 CITY & STATE: _____ CITY & STATE: _____
 PHONE: _____ PHONE: _____
 CONTACT: _____ CONTACT: _____

****This Portion Must be Filled out on ALL Equipment, Plus Any Applicable Information Below Based on the Equipment Type****

Year: _____ MFG: _____ Model: _____
 EQUIPMENT DESCRIPTION: _____
 OPTIONS: _____
 DOLLAR AMOUNT: _____ SERIAL NUMBER/VIN NUMBER _____

Vehicle Specifications:

MILEAGE: _____ HOURS: _____ SLEEPER (Size): _____
 GVW _____ ENGINE (MAKE/SIZE/HP): _____
 AIR RIDE: YES NO TRANSMISSION (MAKE/SPEED): _____
 FRONT AXLE (MAKE/CAPACITY): _____
 REAR AXLES (MAKE/CAPACITY): _____

ATTACHMENTS: VAN BODY/LOADER/DUMP/HOIST/ECT:

YEAR: _____ MFG: _____ MODEL: _____
 BODY LENGTH: _____ CAPACITY: _____

LIFT SPECIFICATIONS:

MAST: _____ LIFT CAPACITY: _____ HOURS: _____ ENGINE: _____
 FORKS: _____ SIDE SHIFTER (YES/NO): _____ BATTERY CHARGER (YES/NO): _____
 OTHER ATTACHMENTS: _____

TRAILER SPECIFICATIONS:

DIMENSIONS (LENGTH, WIDTH, OUTSIDE HEIGHT): _____ # OF AXLES: _____
 REFRIGERATION UNIT: (IF APPLICABLE):(YEAR, MFG, MODEL): _____
 ACCESSORIES (TYPE OF FLOOR, DOORS, ECT.): _____

The Lessee acknowledges that it is aware the Equipment leased pursuant to Lease # _____ and listed on this Equipment Condition Report is leased "AS IS, WHERE IS" and _____ (Lessor) has no knowledge of or responsibility for the condition of the Equipment. Lessee has made its own decision regarding the Lease of the Equipment and has had the opportunity to inspect the Equipment prior to the commencement of the Lease. Lessee also acknowledges its responsibility to pay personal property tax in its state of residence pursuant to the terms and conditions of the Lease.

 THIRD PARTY

 LESSEE

 Signature

 Signature

Title _____

Title _____

Date _____

Date _____

Fax Back to : 949-366-3039

Email: credit@trucklendersusa.com