

USED EQUIPMENT CONDITION REPORT

SELLERS NAME: _____
ADDRESS: _____
CITY & STATE: _____
PHONE: _____
CONTACT: _____

LESSEE'S NAME: _____
ADDRESS: _____
CITY & STATE: _____
PHONE: _____
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 his/her 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.

VENDOR/DEALER

Signature
Title _____
Date _____

LESSEE

Signature
Title _____
Date _____

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