

Used Equipment Condition Reports

Applicants Name/ Number _____

Year Manufactured _____

Manufacturer _____

Model _____

Type of Power _____

(i.e. 220V/Gasoline/Diesel)

Primary Function _____

Description _____

Condition	G = Good <input type="checkbox"/>	F = Fair <input type="checkbox"/>	P = Poor <input type="checkbox"/>
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Overall Condition _____

Any major repairs needed? (if Yes, please explain) _____

PHOTO'S ATTACHED YES /NO

Signature
Signer has personally inspected the subject equipment

Date

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

Date