

AUTO CARS AND TRUCKS

SELL VEHICLE FORM

Please use this form to tell us about the vehicle you'd like to trade-in or sell and we will get back to you.

<input type="checkbox"/> I am interested to trade-in my vehicle.
<input type="checkbox"/> I am interested to sell my vehicle. If you want to sell your vehicle, what is your asking price?

Contact Information

First Name:	Last Name:	
Address:		Apt#
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Cell Phone:
E-Mail:		

Vehicle Information

Make:	Model:	Year:	Mileage:	Cylinders:
Doors:	Transmission:		Liters:	
Vehicle Identification No.:				
Interior Color:	Exterior Color:	Trim Level (if known):		
Lien Holder:	Estimated Payoff:			

Vehicle Options

<input type="checkbox"/> AM/FM Radio	<input type="checkbox"/> Air Bag	<input type="checkbox"/> Power Steering	<input type="checkbox"/> Pickup Shell
<input type="checkbox"/> Cassette	<input type="checkbox"/> Dual Air Bags	<input type="checkbox"/> Alloy Wheels	<input type="checkbox"/> Running Board
<input type="checkbox"/> CD	<input type="checkbox"/> Side Air Bags	<input type="checkbox"/> Premium Wheels	<input type="checkbox"/> Tow Package
<input type="checkbox"/> CD Changer	<input type="checkbox"/> Sunroof	<input type="checkbox"/> Drive Train	<input type="checkbox"/> Power Locks
<input type="checkbox"/> MP3 Player	<input type="checkbox"/> Moon Roof	<input type="checkbox"/> Tilt Control	<input type="checkbox"/> T-Tops
<input type="checkbox"/> Satellite Radio	<input type="checkbox"/> Roof Rack	<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Power Windows
<input type="checkbox"/> DVD System	<input type="checkbox"/> Leather	<input type="checkbox"/> Rear Spoiler	<input type="checkbox"/> Bed Liner
<input type="checkbox"/> Premium Sound System	<input type="checkbox"/> Power Seat(s)	<input type="checkbox"/> Privacy Glass	<input type="checkbox"/> A/C
<input type="checkbox"/> On Star	<input type="checkbox"/> Leather Seating	<input type="checkbox"/> Grill Guard	<input type="checkbox"/> Rear A/C
<input type="checkbox"/> Navigation	<input type="checkbox"/> Third Seat	<input type="checkbox"/> ABS	<input type="checkbox"/> Rear Air

Overall Vehicle Condition

Rate the condition of the following: 1 being Poor, 10 being Excellent; and explain.

Metal/Paint (Scratches, dings, dents, rust, fading)
Tires (50% tread wear - replacement)
Upholstery (Tears, burns, stains)
Glass (Fractures, spiders, chips)
Clutch (Clutch slipping)
Brakes (Squeaky, noisy)

Collision History

<input type="checkbox"/> Has your vehicle ever been involved in a collision?
<input type="checkbox"/> If yes, was a Body Shop estimate of repairs written?
<input type="checkbox"/> Were Body Shop repairs performed?
<input type="checkbox"/> Was the vehicle repaired to your complete satisfaction?

Exterior Condition

<input type="checkbox"/> Are any of the painted surfaces scratched, rusted, or faded?
<input type="checkbox"/> Are there any dents and dings?
<input type="checkbox"/> Have any of the painted surfaces been repainted or touched up?
<input type="checkbox"/> Does any of the glass have fractures, spiders, or chips?

Interior Condition

<input type="checkbox"/> Does the upholstery have tears, burns, or stains?
<input type="checkbox"/> Does the stereo system or any of its components need repairs?
<input type="checkbox"/> Do all of the gauges and dash functions work?

Mechanical Condition

<input type="checkbox"/> Does the engine need any repairs?
<input type="checkbox"/> Does the transmission need any repairs?
<input type="checkbox"/> Is the clutch slipping or need any repairs?
<input type="checkbox"/> Are the brakes squeaking or in need have repair?
<input type="checkbox"/> Has the transmission or engine ever been replaced?

Questionnaire

<input type="checkbox"/> Has the vehicle ever been a taxi, rental car, or police car?
<input type="checkbox"/> Has the vehicle ever been in water deeper than the midpoint of the tires?
<input type="checkbox"/> Has the vehicle ever been declared a "Flood" vehicle?
<input type="checkbox"/> Is the vehicle's frame in need of repair?
<input type="checkbox"/> Has your vehicle's frame ever been repaired?
<input type="checkbox"/> Has the vehicle ever had a salvage title?
<input type="checkbox"/> Is this a "lemon law buyback" vehicle
<input type="checkbox"/> Has the vehicle ever been declared a total loss?
<input type="checkbox"/> Is the vehicle air bag in working order?
<input type="checkbox"/> Has the vehicle air bag ever been deployed?
<input type="checkbox"/> Do you have any of the service records for this vehicle?
<input type="checkbox"/> Do you have records for any oil change within the last 5000 miles?
<input type="checkbox"/> Is the catalytic converter attached and working properly?
<input type="checkbox"/> Are the inspection stickers current?
<input type="checkbox"/> Has the spare tire ever been used?
<input type="checkbox"/> Do any of the tires need to be replaced?

Comment, description or any additional information about your vehicle:

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