



**TRINEX CAPITAL a Division of
TRINEX COMMERCIAL FINANCE, Inc.**

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VEHICLE CONDITION REPORT

Applicant Name	_____		
VIN#	_____		
Year	Make	Model	

Mechanical		(Circle One)
Engine	Good / Fair / Poor	
Make	_____	
Model	_____	
H.P.	_____	
Transmission	Good / Fair / Poor	
Make	_____	
Model	_____	
# of Speeds	_____	
Brakes		
Front End	_____	% Remaining
Rear End	_____	% Remaining
Battery	Good / Fair / Poor	
Wheels	Good / Fair / Poor	
Quantity, Steel	_____	
Quantity, Aluminum	_____	
Tires		
Right Front	_____	% Remaining
Right Rear	_____	% Remaining
Left Front	_____	% Remaining
Left Rear	_____	% Remaining

Accessories	
Cruise	Y / N
Tilt Wheel	Y / N
AM/FM Stereo	Y / N
Air Ride Susp	Y / N
Single or Dual	_____
Air Ride Seat	Y / N
Air 5 th Wheel	Y / N
Tag/Pusher/Axle	Y / N
Sleeper	Y / N
Size	_____
Type	_____
Body	
5 th Wheel	Y / N
Flatbed	Y / N
Dump Body	Y / N
Size	_____
Stakebed	Y / N
Other	_____
Glass	Good / Fair / Poor

Print Name _____

Title _____ Phone Number _____

Signature _____
Signer has personally inspected the subject equipment

Date _____

Agent's Signature _____
A FACSIMILE OF THIS REPORT WITH SIGNATURE SHALL BE CONSIDERED TO BE AN ORIGINAL

Date _____