

Equipment Online Form

Inventory ID: _____	Bid Increment: _____	Opening Bid: _____	Reserve: _____
Short Description: Year _____ Manufacturer _____ Model _____			

Please fill in or check	Long Description:
This Equipment: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input type="checkbox"/> Is Operable <input type="checkbox"/> Is not operable <input type="checkbox"/> For Parts Only	
Engine ___ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel engine <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____	
This vehicle was maintained every _____ <input type="checkbox"/> Hours	
Engine Manufacture: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition	
Repairs needed: _____	
<hr/>	
Transmission	
Transmission: <input type="checkbox"/> Automatic <input type="checkbox"/> Manual ___ Speed Transmission: <input type="checkbox"/> Hours _____ <input type="checkbox"/> Miles _____	
Transmission Manufacture: _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Is Unknown	
Repairs Needed: _____	
<hr/>	
Interior: Color _____ <input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather	
Minor damage to: _____	
Major damage to: _____	
Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD	
<input type="checkbox"/> Cruise Control Power: <input type="checkbox"/> Steering <input type="checkbox"/> Seats <input type="checkbox"/> AC <input type="checkbox"/> No AC Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown	
<hr/>	
Exterior: Color _____ Windows: <input type="checkbox"/> No cracked glass <input type="checkbox"/> Cracked _____	
Minor <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low ___ <input type="checkbox"/> Flat ___	
Minor dents to: _____	
Major damage to: _____	
# Of Wheels _____ # Of Axles _____ # Of Tracks _____	
Dimensions: _____	
Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been sprayed <input type="checkbox"/> Have been removed <input type="checkbox"/> Impressions remain <input type="checkbox"/> No impressions	
Additional Equipment: Manufacturer _____ Model _____	
Serial # _____ Condition: <input type="checkbox"/> Is Operable <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition	
Description: _____	

Location of Asset: _____
For more information contact: _____