

# VEHICLE INSPECTION FORM

Initial Inspection Date \_\_\_\_\_ Mileage \_\_\_\_\_

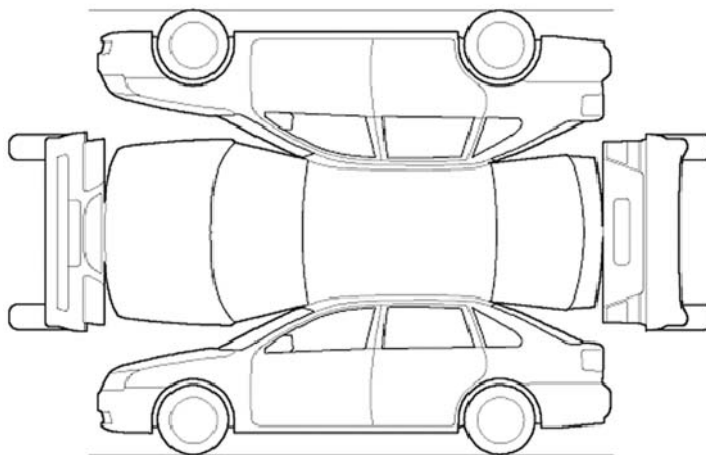
Voluntary Return or Termination Inspection Date \_\_\_\_\_ Mileage \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_ Color \_\_\_\_\_

Vin Number \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Check engine oil fluid level   | <input type="checkbox"/> Check front brakes & wear                | <input type="checkbox"/> Check turn signals                      |
| <input type="checkbox"/> Check radiator fluid level     | <input type="checkbox"/> Check rear brakes & wear                 | <input type="checkbox"/> Check rear brake and tail lights        |
| <input type="checkbox"/> Check brake fluid level        | <input type="checkbox"/> Check tire pressure & tread wear         | <input type="checkbox"/> Check headlights high and low beam      |
| <input type="checkbox"/> Check transmission fluid level | <input type="checkbox"/> Check spare tire pressure & jack present | <input type="checkbox"/> Pollution Control present & operational |
| <input type="checkbox"/> Check air filter               | <input type="checkbox"/> Check rear axle fluid level              | <input type="checkbox"/> All seatbelts and interior safety       |

PLEASE INDICATE GENERAL AREA OF DAMAGE



Vehicle Condition  
Good Fair Poor

Remarks

Estimated Cost to Recondition

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass, Windshield	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass, Other	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paint	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body, Fenders	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bumpers	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uphol. & Headliner	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Mats	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident Damage	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	_____

TOTAL RECONDITION COSTS \_\_\_\_\_

We hereby acknowledge the current vehicle condition as represented on this form.

Date \_\_\_\_\_

\_\_\_\_\_  
Lessee's Signature

\_\_\_\_\_  
OWNER/LESSOR Representative's Authorized Signature