

Vehicle Information Requested By the Trustee

Client(s) Name: _____ Date: _____

VEHICLE No. 1			
(Include Cars, Trucks, SUVs-Ask for Separate Form for all Recreational, Motorcycles, ATVs, Etc.)			
VIN :	X	Mark Options Below	
Year		Driver Air Bags	ABS
Make		Passenger Air Bags	4 Wheel Drive
Model		Side Air Bags	Traction Control
Special Package/Trim (LS, SE, GT, etc.)		Air Conditioning	Alloy Wheels
<u>MILEAGE</u>		Power Windows	Premium Wheels
Fuel (Gasoline, Diesel, Hybrid)		Power Locks	Tilt Steering Wheel
Transmission (Automatic, Manual)		Power Driver Seat	Sun Roof
Engine (4 Cyl., 6 Cyl., 8 Cyl.)		Dual Power Seats	Moon Roof
Body (Sedan, Coupe, Truck, etc)		Cassette Player	Leather Interior
Number of Doors		Single CD Player	Cruise Control
TRUCK: Cab (Quad, Super, Crew, etc)		Multi CD Player	Privacy Glass
TRUCK: Bed Length (Long/Short)		Premium Sound	DVD System
General Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Running Boards	Other:
Describe all vehicle damage and other considerations that would affect the value of this vehicle:			
Is this Vehicle Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Creditor: _____	
Has this Vehicle been Refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Account No: _____	
Monthly Payment: _____			

VEHICLE No. 2			
VIN :	X	Mark Options Below	
Year		Driver Air Bags	ABS
Make		Passenger Air Bags	4 Wheel Drive
Model		Side Air Bags	Traction Control
Special Package/Trim (LS, SE, GT, etc.)		Air Conditioning	Alloy Wheels
<u>MILEAGE</u>		Power Windows	Premium Wheels
Fuel (Gasoline, Diesel, Hybrid)		Power Locks	Tilt Steering Wheel
Transmission (Automatic, Manual)		Power Driver Seat	Sun Roof
Engine (4 Cyl., 6 Cyl., 8 Cyl.)		Dual Power Seats	Moon Roof
Body (Sedan, Coupe, Truck, etc)		Cassette Player	Leather Interior
Number of Doors		Single CD Player	Cruise Control
TRUCK: Cab (Quad, Super, Crew, etc)		Multi CD Player	Privacy Glass
TRUCK: Bed Length (Long/Short)		Premium Sound	DVD System
General Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Running Boards	Other:
Describe all vehicle damage and other considerations that would affect the value of this vehicle:			
Is this Vehicle Leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		Creditor: _____	
Has this Vehicle been Refinanced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Account No: _____	
Monthly Payment: _____			