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TruckLendersUSA

Equipment Condition Report

SELLER'S NAME:
 ADDRESS:
 CITY/STATE/ZIP:
 PHONE:
 CONTACT:

LESSEE'S NAME:
 ADDRESS:
 CITY & STATE:
 PHONE:
 CONTACT:

****This Portion must be filled out on ALL Equipment, Plus Any Applicable Information below Based on the Equipment Type****

Year: MFG: Model:
 EQUIPMENT DESCRIPTION:
 OPTIONS:
 DOLLAR AMOUNT: SERIAL NUMBER/VIN NUMBER

Vehicle Specifications:

MILEAGE: HOURS: SLEEPER (Size):
 GVW ENGINE (MAKE/SIZE/HP):
 AIR RIDE: YES NO TRANSMISSION (MAKE/SPEED):
 FRONT AXLE (MAKE/CAPACITY): REAR AXLES (MAKE/CAPACITY):
 ATTACHMENTS: VAN BODY/LOADER/DUMP/HOIST/ECT:
 YEAR: MFG: MODEL:
 BODY LENGTH: CAPACITY:

Lift Specifications:

MAST: LIFT CAPACITY: HOURS:
 ENGINE:
 FORKS: SIDE SHIFTER: YES NO BATTERY CHARGER YES NO
 OTHER ATTACHMENTS:

Trailer Specifications:

DIMENSIONS (LENGTH, WIDTH, OUTSIDE HEIGHT): # OF AXLES:
 REFRIGERATION UNIT: (IF APPLICABLE) :(YEAR, MFG, MODEL):
 ACCESSORIES (TYPE OF FLOOR, DOORS, ECT.):

The Lessee acknowledges that it is aware the Equipment leased pursuant to Lease # _____ and
 Listed on this Equipment Condition Report is leased "AS IS, WHERE IS" and
 (Lessor) has no knowledge of or responsibility for the condition of the Equipment. Lessee has made its own decision regarding the Lease of the Equipment
 and has had the opportunity to inspect the Equipment prior to the commencement of the Lease. Lessee also acknowledges its responsibility to pay personal
 property tax in its state of residence pursuant to the terms and conditions of the Lease.

THIRD PARTY

LESSEE

Signature
 Title
 Date

Signature
 Title
 Date