



Equipment Condition Report

Date _____

| Supplier of Equipment (Address if available) | Applicant Information (Complete Address) |
|--|--|
| | |
| | |
| | |
| | |
| | |
| Phone # | Phone # |
| Fax # | |

Cost _____

Tax rate _____

Other Costs _____

Equipment Description: (Include Make, Model, and any information if available)

Date Manufactured: _____ Serial Number: _____ Cost New: \$ _____

Color: _____ Features: _____

Size/Weight: _____

List All Attachments, Accessories, and/or Modifications: _____

If Re-conditioned, explain when and what was done: _____

Overall Condition/Appearance: _____

Inspected By: _____

Title: _____

Date: _____

PLEASE FAX TO: 866.564.6600