

TRAILER SPECIFICATION WORKSHEET

Fax: 604-688-4286 Phone: 604-688-4252 Toll Free: 1-877-688-4252

Customer Name:						
Seller Name:			Contact #:			
New	Used	Year: VIN:				
Make/Model:			I			
		Chassis		Deck	Van	
Current M V I		Yes	No	o Expiry Date mm/yyyy:		
Dimensions:		Length:		Width:	Height:	
Axles:		Single		Tandem	Tri	
Front Axle Make/Model:				I	Rating:	
Rear Axle Make/Model:				I	Rating:	
Suspension Make/Model:				I		
Paint, Color & Condition:						
Wheels:						
Front Tire Wear:			%	Rear Tire Wear:		%
Front Brakes:			%	Rear Brakes:		%
Reefer Uni	t:	Yes	No	Year:	Hours:	
Reefer Make/Model:				I		
Extended Warranty:		Yes	No	Remaining Term:		
Overall Condition:						
Selling Price:		\$				
Additional Info:						