Used Car appraisal form
1050 Sheppard Ave. West TORONTO, ON, M3H 2T6 Tel: 1(800)360.1274 Fax: 1(888)793.1717
Email: mail@visionauto.ca

Owner Details
Name: _____________________________________________________________
Telephone: ___________________________    Fax: ________________________
Email: _____________________________________________________________
Location: ___________________________________________________________
Car Make & Model: ___________________________________________________
Mileage: ___________________
VIN #: _____________

Exterior Bodywork
• Dents, scratches, rust – complete on below diagram
• Colour ________________________________________________________
• Any modifications _______________________________________________

Interior of car
• Known Faults __________________________________________________
• Fabric Condition (warn, tear, hole) _________________________________
• Type of radio (cassette, cd)_______________________________________
• Any modifications_______________________________________________

Mechanical
• Known Faults __________________________________________________
• Any modifications _______________________________________________

Documentation
• Service History    Yes/No
• Free of all liens and encumbrances         Yes/No
• Has this vehicle sustained accident/physical damage? Yes/No Amount:______
• Number of previous owners ______

Other
• Tires that need replacing now or soon:       Yes/No  Quantity: ____
• Alloy Wheel condition – complete on below diagram any marks
• Windscreen & other glass condition – complete on below diagram
• Number of keys _____

CODE:
X = Dent   -= Scratch   O = Defective Paint   R = Rust   C = Chips