

**INSPECTION REPORT**

TRANSFER AGREEMENT

Phone: (219) 746-4462  
Fax: (219) 947-5632

UNIT # \_\_\_\_\_ CUSTOMER \_\_\_\_\_

PO # \_\_\_\_\_

DATE \_\_\_\_\_ MILEAGE \_\_\_\_\_ CLEARLY INDICATE ALL DAMAGED AREAS AND BRIEFLY DESCRIBE DAMAGE (H=HOLE S=SCRATCH C=CRACK D=DENT)

**OUT**

**IN**

OUT - Describe any damage	IN - Describe any damage

OUT - Describe any damage	IN - Describe any damage

OUT - Describe any damage	IN - Describe any damage

OUT - Describe any damage	IN - Describe any damage

OUT - Describe any damage	IN - Describe any damage

OUT - Describe any damage	IN - Describe any damage

**OUT**

**IN**

Comments: \_\_\_\_\_  
Customer acknowledges damages or missing items as noted above.  
Signature - Reliable Rep. \_\_\_\_\_  
Signature - Customer \_\_\_\_\_

Comments: \_\_\_\_\_  
Customer acknowledges and accepts Unit with damages above.  
Signature - Reliable Rep. \_\_\_\_\_  
Signature - Customer \_\_\_\_\_