



Condition Report / Booksheet

Date _____
 Account Number _____
 Keys _____ Pictures _____

Registered Owner		Address	
Year	Make	Model	Body Type
Number Of Cylinders	Serial Number	License Number	Exp.
<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary	Mileage	Overall Condition
Comments			

Yes	No	Options		Mechanical Condition	
<input type="checkbox"/>	<input type="checkbox"/>	Transmission <input type="checkbox"/> Automatic <input type="checkbox"/> Manual		Motor	
<input type="checkbox"/>	<input type="checkbox"/>	Power Steering	<input type="checkbox"/>	Custom Paint	Transmission
<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioning	<input type="checkbox"/>	Dual Airbags	Radiator
<input type="checkbox"/>	<input type="checkbox"/>	AM/FM Cassette	<input type="checkbox"/>	Premium Sound	Battery
<input type="checkbox"/>	<input type="checkbox"/>	Compact Disc	<input type="checkbox"/>	CD Change	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	Power Windows	<input type="checkbox"/>	Power Seat	Tires
<input type="checkbox"/>	<input type="checkbox"/>	Power Door Locks	<input type="checkbox"/>	Dual Power Seats	Interior
<input type="checkbox"/>	<input type="checkbox"/>	Cruise Control	<input type="checkbox"/>	Two-Tone Paint	Body Condition
<input type="checkbox"/>	<input type="checkbox"/>	Tilt	<input type="checkbox"/>	Padded Vinyl Top	Hood/Grill Truck/Rear
<input type="checkbox"/>	<input type="checkbox"/>	Leather	<input type="checkbox"/>	Flip-Up Sunroof	Left Right
<input type="checkbox"/>	<input type="checkbox"/>	Moon Roof	<input type="checkbox"/>	Sliding Sun Roof	Fenders
<input type="checkbox"/>	<input type="checkbox"/>	Premium Wheels/Tires	<input type="checkbox"/>	Alloy Wheels	Hood/Grill
<input type="checkbox"/>	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Imitation Convertible	Top
<input type="checkbox"/>	<input type="checkbox"/>	ABS (4 wheels)	<input type="checkbox"/>	Other	Paint
<input type="checkbox"/>	<input type="checkbox"/>	T-Top	<input type="checkbox"/>	Other	Color
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>		Other Remarks
Trucks					
<input type="checkbox"/>	<input type="checkbox"/>	Sliding Rear Window	<input type="checkbox"/>	Custom Bumper	Book Value \$ Month
<input type="checkbox"/>	<input type="checkbox"/>	Shell	<input type="checkbox"/>	Dual Rear Wheels	Base Schedule
<input type="checkbox"/>	<input type="checkbox"/>	Roof Rack	<input type="checkbox"/>	Grill Guard	Subtractions
<input type="checkbox"/>	<input type="checkbox"/>	Bedliner	<input type="checkbox"/>	Optional Fuel Tank	Adds
<input type="checkbox"/>	<input type="checkbox"/>	Model Package	<input type="checkbox"/>	Oversize Off-Road Tires	
<input type="checkbox"/>	<input type="checkbox"/>	Tow Package	<input type="checkbox"/>	Running Boards	
<input type="checkbox"/>	<input type="checkbox"/>	Wide Tires	<input type="checkbox"/>	Stepside Bed	Miles
<input type="checkbox"/>	<input type="checkbox"/>	4X4	<input type="checkbox"/>	Third Door	Total Wholesale Value \$
<input type="checkbox"/>	<input type="checkbox"/>	Winch	<input type="checkbox"/>	XL	
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	XLT	
<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Inspector Name (print) _____ Signature _____ Date _____

CAC-06 (10/11/17)

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