



MACQUARIE LEASING
COMMITTED TO MAKING A DIFFERENCE

FORWARD thinking

CUSTOMER VEHICLE APPRAISAL FORM

DATE

DRIVER DETAILS

NAME POSITION

EMAIL

TEL 1 VIEWING ADDRESS

TEL 2

VEHICLE DETAILS

MAKE REG No EXPIRY

MODEL BUILD DATE COMP. DATE

SERIES ODOMETER ENG TYPE

BODY COLOUR TRIM

VIN No. ENG No.

FUEL

PETROL	DIESEL	LPG
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 DRIVE

2WD	4WD
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 TRANS

MANUAL	AUTO
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FACTORY OPTIONS & ACCESSORIES

Please indicate with (X) which of the following features your vehicle includes:

AIR CONDITIONING	<input type="checkbox"/>	ABS	<input type="checkbox"/>	TOW BAR	<input type="checkbox"/>
AIR BAGS	<input type="checkbox"/>	ALARM	<input type="checkbox"/>	ROOF RACKS	<input type="checkbox"/>
POWER WINDOWS	<input type="checkbox"/>	CENTRAL LOCKING	<input type="checkbox"/>	SAT NAV	<input type="checkbox"/>
ALLOY WHEELS	<input type="checkbox"/>	CD PLAYER	<input type="checkbox"/>	2 KEYS & REMOTE	<input type="checkbox"/>
1 OWNER	<input type="checkbox"/>	SUNROOF	<input type="checkbox"/>	OTHER	<input type="text"/>
SERVICE BOOKS	<input type="checkbox"/>	LEATHER TRIM	<input type="checkbox"/>		
POWER STEERING	<input type="checkbox"/>	BLUETOOTH	<input type="checkbox"/>		
CRUISE CONTROL	<input type="checkbox"/>	REVERSE CAMERA	<input type="checkbox"/>		
WINDOW TINT	<input type="checkbox"/>	REVERSE SENSORS	<input type="checkbox"/>		
XENON LIGHTS	<input type="checkbox"/>	SIDE STEPS	<input type="checkbox"/>		
BULL BAR	<input type="checkbox"/>	ELECTRIC SEATS	<input type="checkbox"/>		
DRIVING LIGHTS	<input type="checkbox"/>	THIRD ROW SEATS	<input type="checkbox"/>		

CONDITION

Please rate the condition / functionality out of a scale of 1-10

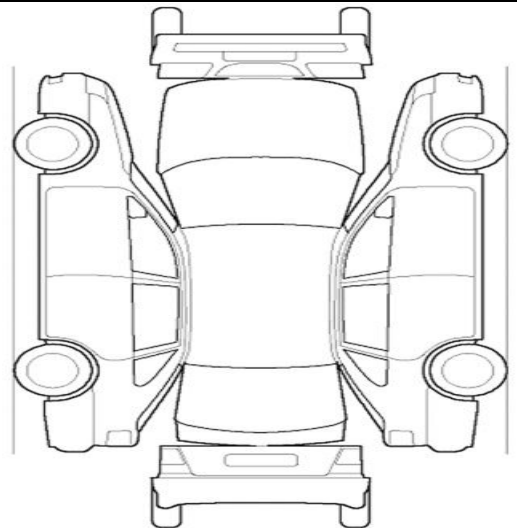
10 = Excellent / 7 = Good / 4 = Fair / 1 = Poor

BODY PANELS	<input type="checkbox"/>	PAINT WORK	<input type="checkbox"/>
TRANSMISSION	<input type="checkbox"/>	CLUTCH	<input type="checkbox"/>
ENGINE	<input type="checkbox"/>	DIFFERENTIAL	<input type="checkbox"/>
UPHOLSTERY	<input type="checkbox"/>	HEADLIGHTS	<input type="checkbox"/>
SPARE TYRE	<input type="checkbox"/>	BRAKES	<input type="checkbox"/>
AIR CONDITIONING	<input type="checkbox"/>	GLASS WORK	<input type="checkbox"/>
WINDSCREEN	<input type="checkbox"/>	RIMS / ALLOYS	<input type="checkbox"/>

FRONT LEFT	FRONT RIGHT	REAR LEFT	REAR RIGHT
YES / NO	YES / NO	YES / NO	YES / NO

ROADWORTHY TYRES

PHYSICAL APPEARANCE



Please mark on the vehicle map any areas on the vehicle currently damaged or previously repaired.

X CHIP O DENT -- SCRATCH

I, the undersigned confirm this appraisal represents a fair and accurate description of this motor vehicle.

DRIVER'S SIGNATURE