



Auto Services, Inc.
PO BOX 83517 L.A CA. 90083

Tel 877-472-8860

Fax 310-695-6858

Auto Brokers

Customer Trade-In Evaluation Survey

Date _____

Year _____ Make _____ Model _____

Body Style _____ Color Int. _____ Color Ext _____

Vehicle I.D# _____ Plate# _____

Customer Name _____ Agent _____

1. **Mileage on Odometer** _____ . **Is the mileage accurate?** Yes / No
2. Do you have a clean **non-salvage** title? Yes / No
3. Is the title free and clear? Yes / No
4. Lien Holder _____ Estimate payoff _____
5. **Has this car had any major mechanical repairs?** Yes / No
6. What type of repairs _____
7. **Has this car had any collision damage?** Yes / No
8. What type of collision damage and what was the cost of repairs?

9. Was the vehicle purchased new? Yes / No
10. Are you the registered owner of the car Yes / No
11. Has this car been used for towing? Yes / No
12. Date of last tune-up? _____
13. Date of last oil change _____
14. Has the oil been changed every 4000 miles? Yes / No
15. Records of required maintenance history? Yes / No
16. Does car have a spare and jack? Yes / No
17. Does car have current existing warranty? Yes / No
18. If yes to question 17 remaining miles left on warranty _____

I certify that all the information I have provided to be true and accurate.
I give permission to appraise and evaluate my car.

X _____